M1600005046

(Requestor's N	Jame)	
(Äddress)		
(Address)		
(City/State/Zip	/Phone #)	
PICK-UP WA	AIT MAIL	
(Business Ent	ity Name)	
(Document Number)		
Certified Copies Certi	ificates of Status	
Special Instructions to Filing Officer:		





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10/0E/17--01020--004 **

2017 OCT -6 FN 3: 2\$

CCT O 9 2017 J. HARRIS TO:

PHYSICAL: Dept-of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Friday, September 22, 2017

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

For L&C REAL ESTATE SOLUTIONS, LLC

We have included payment in the amount of $\underline{$25.00}$ for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502

COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: L&C REAL ESTATE SOLU	TIONS, LLC			
	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Clifford Hammonds				
Name of Person				
L&C REAL ESTATE SOLUTIONS, LI	LC			
Firm/Company				
2801 CHANCELLORSVILLE DR U	NIT 728			
Address				
TALLAHASSEE, FL 32312				
City/State and Zip Code				
E-mail address: (to be used for future annual re	eport notification)			
For further information concerning this matter, pleas	se call:			
Name of Person	() Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
	☐ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. Na	ame of the limited liability company: $ar{ar{ar{ar{ar{ar{ar{ar{ar{ar{$	&C REAL EST	ATE SOLUTIONS, LLC
2. (a)		(b)	
	Principal office address of limited liabili (Note: MUST BE STREET ADD		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		. 1	2801 Charrellocsvillar UniF)
-	<u> </u>	•	allahasse, F/323/2
	1411Grasct, F) L 3 L	411anaste, F1 3231-2
	10/21/2016	λ	116mm0504h
3.	Date of filing/registration in Floring	orida 4.	Document number
5. (a)	BUSINESS FILINGS INCORPOR	RATED	
(-,	Registered Agent and Registered Office shown of	on the records of the Florida Dep	pt. of State:
	1200 SOUTH PINE ISLAND	ROAD	
	Registered Office Address (MUST BE FLO)	RIDA STREET ADDRESS)	
	PLANTATION		
	Desistant Asserts Inc.		700
(b)	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	(E.W. Registered Office address	
	3030 N. Rocky Point I	Dr.	. ီ ဦ ႏ ယ္
	NEW Registered Office Address:	<u> </u>	►\1
	STE 150A		
	Tampa	FL_33607	
the cha agent v was/we	ange or changes are made, the Florida str will be identical. Or, in the case of a Flor	eet address of the registere rida limited liability comp the members of the limited	ate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.
	SUTTO		Clifford Hammonds
•	ture of a member or authorized representative of a		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered age ely reflect a change in the registered office in writing of this change. Rill Hayre	agent and agree to act in a and complete performance ent as provided for in Chap ce address, I hereby confi - Assistant Secretan	this capacity. I further agree to comply with the ee of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

Signature of Registered Agent