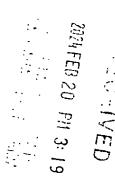
M1800009759

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
7				

Office Use Only



300424013203



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.

. Na	nme of the limited liability company: LEMOINE D	ISASTER REC	COVERY, L.L.C.
. (a)	1906 Fracta Landny Suite 200		
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lafayette, LA 70506		
	10/29/2018	M1	8000009759
	Date of filing/registration in Florida	4.	Document number
. (a)	Paracorp Incorporated		
	Registered Agent and Registered Office shown on the records	pt. of State:	
	155 Office Plaza Drive, 1st Floor		
	Registered Office Address (MUST BE FLORIDA STREE		
	Tallahassee	. 32301	
	, and lassee	FL	
(h)			
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	Σ:
	O di Oraina Orana		
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, F	32301	
he lii	mited liability company is not organized under the loor changes are made, the Florida street address of the	aws of the Stat	e of Florida, it is hereby confirmed that after the
nī w	ill be identical. Or, in the case of a Florida limited	liability compa	my, it is hereby confirmed that the change(s)
s/wei artic	re authorized by an affirmative vote of the members	of the limited le limited liabil	liability company or as otherwise provided in ity company.
	Xie & GOME		, Authorized Person
ignatı	ure of a member or authorized representative of a member	·	Printed or typed name of signee
wisid oblig nerei	accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, I	gree to act in the e performance led for in Chapa I hereby confir	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
ified			Service Company
nature	e of Registered Agent	Ami M. Cas	per, Asst. Vice President