M19000008636

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COVER LETTER

Division of Corporations	
LAREL ONE LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
RAMFIS VAZ	
Name of Person	
GATOR DEVELOPMENT	
Firm/Company	
7850 NW 146th Street, 4th Floor	
Address	
Miami Lakes,FL 33016	
City/State and Zip Code	
rvaz@gatorinv.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Ramfis Vaz	305 949-9049 Ext 148
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	unt:
☐ \$25 Filing Fee	☐ \$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.

2. (a)		_	(b))	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7850 NW 146th Street, 4th Floor			7850 NW	146th Street, 4th Floor
	Miami Lakes, FL 33016	_		Miami La	ikes, FL 33016
	09/06/2019		i	M1900000	8636
	Date of filing/registration in Florida	4.	-		Document number
. (a)	CORPORATE CREATIONS NETWORK, INC				
. (-,	Registered Agent and Registered Office shown on the records of the	e Flor	ida	Dept. of Sta	te:
	CORPORATE CREATIONS NETWORK, INC				
	Registered Office Address (MUST BE FLORIDA STREET AL 801 US HIGHWAY 1	DDRE	<u>(SS)</u>		_
	NORTH PALM BEACH . FL ³	3408			202 TĂi
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PHELLI	
	JAMES A GOLDSMITH				_ <u>_</u> <u>_</u>
	NEW Registered Office Address: 7850 NW 146th Street, 4th Floor				57
	Miami Lakes , FL ³	3016			_
hange gent w /as/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or In the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	egiste ility o the li	rec con mi	f office an npany, it i ted liabilit	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	/	JA	Mi	ES A GOLI	_
	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statules relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address, I he I'm writing of this change.	e to a erfori	et i ngj	n this cap	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accep

Signature of Registered Agent