

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000148496 3)))



H230001484963ABC4

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

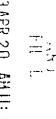
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE **LUISA GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



Enclosed is a check for the following amount:

☐ \$25 Filing Fee

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COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	LUISA GROUP LLC						
	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.					
Please return	n all correspondence concerning this matter to th	e following:					
Vanessa Cas	tillo						
	Name of Person	····					
Registered A	gent Solutions, Inc.						
	Firm/Company						
Corporate Co	nter One, 5301 Southwest Pkwy, Ste 400						
	Address	-					
Austin, TX 7	8735						
, ,	City/State and Zip Code						
	address: (to be used for future annual report not	ification)					
Vanessa Cast	illo 888 at (705-7274					
	Name of Person	Area Code & Daytime Telephone Number					
Reg Div P.O	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

☐ \$55 Filing Fee & Certified Copy

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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:	LLC			
2. (a)	292 Newbury St.		(b) 292 Newbury St.		
- (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited li (Note: MAY BE POST O	
	181		#181		
	Boston, MA 02115	_	Boston, N	AA 02115	
	8/2/2021		M2100001	0010	
3. 5. (a)	Date of filing/registration in Florida JEFFREY RUBINSTEIN	4.		Document number	
	Registered Agent and Registered Office shown on the records of 9990 SW 77th Ave.	the Flor	rida Dept. of Sta	ite:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 311				
	Miami , FL	33156)	- · ·	20
(b)	Registered Agent Solutions, Inc.				2023 APR 2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	address;	-	FIL. 20
	155 Office Plaza Dr.				<u>≯</u>
	NEW Registered Office Address:			•	· ·
	Suite A			- <u>-</u>	9
	Tallahassee, Ft	32301			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the l limited	ered office an company, it i imited liabilit d liability cor	nd the business office of is hereby confirmed that ty company or as otherw npany.	the registered the change(s) vise provided in
/s/	FEDERICA LAI	F	EDERICA LA		
l herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i in writing of this change. Mackenzie Hibler, Asst. Secre	perfor d for it hereby	nct in this cap mance of my n Chapter 60; confirm that	Printed or typed name of socity. I further agree to duties, and I am familia 5, F.S. Or, if this document the limited liability com	comply with the
Signatu	re of Registered Agent	.tary			