

# M23000002431

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

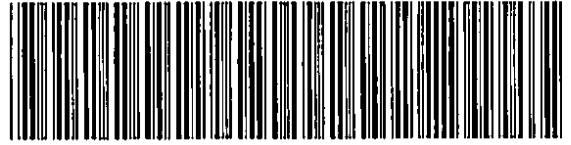
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAY 11 AM 8:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LRNB HOLDINGS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROLANDO BASTER

Name of Person

LRNB HOLDINGS LLC

Firm/Company

400 SW 125 AVE

Address

MIAMI, FL 33184

City/State and Zip Code

JBMIAMI1321@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROLANDO BASTER

Name of Person

at ( 305 ) 710-0477

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: LRNB HOLDINGS LLC

2. (a) 7950 NW 53 ST, SUITE 337, MIAMI, FL 33166 (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**)

7950 NW 53 ST, SUITE 337

MIAMI, FL 33166

02/23/2023

M23000002431

3. Date of filing/registration in Florida

4. Document number

5. (a) BASTER, ROLANDO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

400 SW 125 AVE, MIAMI, FL 33184

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

400 SW 125

MIAMI, FL 33184

FILED  
2023 MAY 11 AM 8:21  
STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA

(b) NATALIE RAYMOND

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

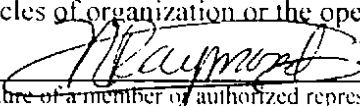
7950 NW 53RD ST, SUITE 337

**NEW** Registered Office Address:

7950 NW 53 ST, SUITE 337

MIAMI, FL 33166

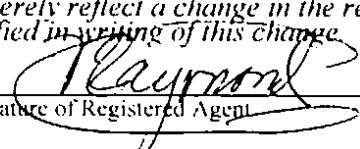
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

NATALIE RAYMOND

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00