

P07000012105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

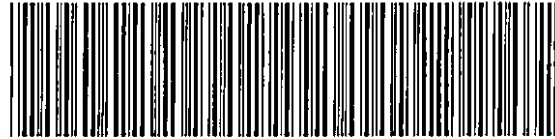
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FALL ASSOCIATE

19 DEC 20 AM 8:22

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19 DEC 20 AM 10:39

JAN 14 2020
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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CHANGE OF AGENT FOR:

LPB VENTURES INC.

PLEASE RETURN A STAMPED COPY

CHECK# 8540 FOR: \$35.00

THANK YOU!

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LPB Ventures, Inc.
2. The principal office address: 15800 Weatherly Rd., Wellington, FL 33414
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 26, 2007 Document number: P07000012105
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joseph T. Olozaga

15800 Weatherly Rd., Wellington, FL 33414

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Atrium Registered Agents, Inc.

8950 SW 74th Court, Suite 1801, Miami, FL 33156

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

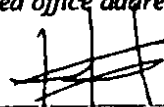
Joseph T. Olozaga, President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

 1/14/20

Date

If signing on behalf of an entity:

Jose L. Nunez as President of Atrium Registered

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

•CR2E045 (04/13)