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COVER LETTER

TO: Amendment Sec Division of Corp	tion porations	
SUBJECT: LUCY BE	EACH PLACE INC.	
	(Name of Corp	oration)
DOCUMENT NUMBE	R: P07000109816	
The enclosed Statement	of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondent	ondence concerning this matter to	the following:
ALE	XANDER EYNIS (Name of Contact	et Person)
<u>ATT</u>	ORNEY AT LAW (Firm/Comp	any)
<u>2080</u>	1 BISCAYNE BLVD, SU (Address	TE 403
AVE	NTURA, FL 33180	 -
For further information of	(City/State and Z concerning this matter, please call	EYNISOUTEON
ALEXANDER EYNII (Name of	S, ATTORNEY f Contact Person)	at (305) 935-4079 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 che	ck made payable to the Departme	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation	7,0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.
	the corporation; LUCY BEACH PLA	
		VE., APT. 3301, SUNNY ISLES BEACH, FL 33160
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 10/04/2007	Document number: P07000109816
	f street address of the current registement of State:	ered agent and registered office on file with the
	CARLOS SMEKE ROMANO	ZOIB HOW TALL ALLY
	17875 COLLINS AVE., AP	PT. 3301
	SUNNY ISLES BEACH, FL	
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registered office
	PATRICK SEGUEV	
	17875 COLLINS AVE., AP	
	(P.O. Box NOT acc	
\sim	ess of its registered office and the be identical.	street address of the business office of its registered agent, dopted by its board of directors or by an officer so een notified in writing of the change. CARLOS SMEKE ROMANO (PRESIDENT & DIRECTOR)
(Signah	ure of an officer or director)	(Printed or typed name and title)
l further agrée . of my duties, ar document is/bei	to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this the in the registered office address, I hereby confirm that the thange.
	musp	2/28/2009
	chalf of an entity:	(Date)
(*	Typed or Printed Name)	

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