P0900027945

(Red	questor's Name)			
(Add	dress)			
,	·····,	•		
(Address)				
		10		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(D)	cument Number			
(500)	oument Number,	•		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

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DECRETARY OF STATE
ALLAHASSEE; FLORID.

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COVER LETTER

TO: Amendment Section Division of Corporation	s		
SUBJECT:	LizLamCo Name of Co	Orp rporation	-
DOCUMENT NUMBER:	D000	00027945	_
The enclosed Statement of Char	ge of Registered Office	Agent and fee are submitted for f	īling.
Please return all correspondence	concerning this matter	to the following:	
•	•	•	
	Binh L Name of Con	am tact Person	-
	LizLam Firm/Cor	Corp	
·	14 NE 1st Ave	ess 2nd Floor	-
	Miami, FL City/Staté and	33132 I Zip Code	
E-mail add	lizlam@lizlam ress: (to be used for fu	ncorp.com ture annual report notification)	ī
For further information concern	ing this matter, please ca	all:	
Binh La	m	_at (<u>305</u>) <u>87</u>	7-6533
Name of Contac	t Person	Area Code & Daytime Tele	phone Number
Enclosed is a \$35.00 check mad	e payable to the Departn	ment of State.	
Ameno Divisio P.O. B	z Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

TO:

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, Florid statement of change is submitted for a corporation organized under the laws of the State of the st	f Florida
in order to change its registered office or registered agent, or both, in the State of 1. The name of the corporation: LizLamCorp	
The name of the corporation: LIZLAMCORP The principal office address: 14 NE 1st. Ave. 2nd Floor	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 3/26/2009 Document number:	P09000027945
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	SEP 2
Binh Lam	
247 SW 8th St. #429	PN. 4:
Miami, FL 33130	A C
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	office
Binh Lam	·
14 NE 1st Ave, 2nd Floor P.O. Box NOT acceptable	
Miami, FL 33132	
The street address of its registered office and the street address of the business office of as changed will be identical.	f its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Signature of an officer or director 9/16 Printed or typed name an	n President
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 of my duties, and I am familiar with and accept the obligation of my position as registed document is being filed merely to reflect a change in the registered office address, I he corporation has been notified in writing of this change.	complete performance ered agent. Or, if this reby confirm that the
Signature of Registered Agent 9/16/2010 Date	0
If signing on behalf of an entity:	
Binh Lam Typed or Printed Name	

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