P10000095057

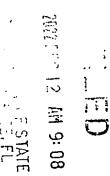
(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



900398640139

12/12/22--01013--001 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: LBL LAW, P.A. Name of Corporation					
DOCUMENT NUMBER: P10000098087					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
LAWRENCE LAMBERT					
Name of Contact Person					
LBL LAW, P.A.					
Firm/Company					
9100 S. DADELAND BLVD, STE 1500					
Address	···				
MIAMI, FL 33156					
City/State and Zip Code					
LLAMBERT@LLAMBERTLAW	.COM				
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, pleas	e call:				
LAWRENCE LAMBERT	31 (305)459-3027				
Name of Contact Person	at (305)459-3027 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Dep	artment of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or registe	zed under the laws of the State of $\overline{ ext{FLC}}$	ORIDA
	the corporation: LBL LAW, P.A.	ed agent, or own, in the state of the	scata.
2. The principal	office address: 9100 S. DADELAND BLVI	D., STE 1500, MIAMI, FL 33156	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 12/03/2010	Document number: P100000980	08 7
	d street address of the current registered ag tment of State: (If resigned, enter resigned		the
	LAWRENCE LAMBERT		r»:
	9100 S. DADELAND BLVD, SUITE 400		Professional Control of Control o
	MIAMI, FL 33156		
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	2 M 9: 08
	LAWRENCE LAMBERT		TA O
	9100 S. DADELAND BLVD., STE 1500		i mi a
	P.O. Box	NOT acceptable	
	MIAMI, FL 33156		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its r	egistered agent,
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	ficer so
Tuu	WA	LAWRENCE LAMBERT, PRESIDER	NT
ŭ	re of an officer or diffector	Printed or typed name and title	
I nereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent and comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	t agree to act in this capacity, tes relative to the proper and compl gation of my position as registered a registered office address, I hereby (ete performance igent. Or, if this confirm that the
MW	W A T	DECEMBER 2, 2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped or Printed Name		

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