P15000097072

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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O SIMMONS MAR 1 8 2021 Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/16/2021

PRIORITY Regular Approval OUR REF_# (Order ID#) 899047

ORDER ENTITY___ LH TRADING INC.

PLEASE PERFORM THE FOLLOWING SERVICES: LH TRADING INC. (FL)
File the attached change of agent document
NOTES:
\$35.00 Authorized
Email address for annual report reminders: cosec@tmf-group.com
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, March 16, 2021 Page I of I

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

statement of che	ange is submitted for a corporation o	rganized under the laws of the State of egistered agent, or both, in the State of Florida.	<u> </u>
	the corporation: LH TRADING INC.		
		D, Suite 606, CORAL GABLES, FL 33134	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/02/2015	Document number: 81-0911350	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)	2021 HAR
	CORPORATION SERVICE COMPA	ANY	T.
	1201 HAYS STREET		7
	TALLAHASSEE, FL 32301	• •	AM
6. The name and (if changed):		agent (if changed) and /or registered office	9: 04
	Universal Registered Agents, Inc.		
	1317 California Street		
	P.O	D. Box NOT acceptable	
	Tallahassee, FL 32304		
The street address changed will	ess of its registered office and the st I be identical.	reet address of the business office of its registered	i agent,
Such change was authorized by the	as authorized by resolution duly add he board, or the corporation has bee	pted by its board of directors or by an officer so notified in writing of the change.	
يا	colmbra 2.	Céline Da Costa Coimbra - President	
_	ire of an officer or director	Printed or typed name and title	
i iuriner agree	t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	it and agree to act in this capacity. statutes relative to the proper and complete perfo obligation of my position as registered agent. O in the registered office address, I hereby confirm nge.	rmance r, if this that the
· ·	Star Human		
Sig	gnature of Registered Agent	03/16/2021 Date.	
If signing on be	chalf of an entity:		
	r. Secretary yped or Printed Name		
	* * * FILING	G 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)