|  | 5 5                                      |                 |                        |            |
|--|--|-----------------|------------------------|------------|
| PHANITDASAC<br>7378 BIRD ROA<br>MIAMI, FL 3319   | AD .                                     |                 |                        |            |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |  |                 |                        |            |
| SIGNATURE  | : PHANITDASACK SONE                      |                 |                        | 03/07/2024 |
|  | Electronic Signature of Registered Agent |                 |                        | Date       |
| Officer/Director Detail :  |  |                 |                        |            |
| Title  | PRESIDENT                                | Title           | VP                     |            |
| Name   | PHANITDASACK, SONE                       | Name            | PHANITDASACK, SINOUANE |            |
| Address  | 7378 SW 40 ST                            | Address         | 7378 SW 40TH ST        |            |
| City-State-Zip:  | MIAMI FL 33155                           | City-State-Zip: | MIAMI FL 33155         |            |
| Title  | DIRECTOR                                 |                 |                        |            |
| Name   | KHOUANE, KULWATNO                        |                 |                        |            |
| Address  | 7378 SW 40TH ST                          |                 |                        |            |
| City-State-Zip:  | MIAMI FL 33155                           |                 |                        |            |

**Current Mailing Address:** 

DOCUMENT# P0000003013

**Current Principal Place of Business:** 

Entity Name: L & X INC.

7378 SW 40TH ST MIAMI, FL 33155

7380 SW 40TH ST MIAMI, FL 33155

## FEI Number: 65-1032221

### Name and Address of Current Registered Agent:

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. PD 03/07/2024

SIGNATURE: PHANITDASACK, SONE

## FILED Mar 07, 2024 **Secretary of State** 9233346562CC

Certificate of Status Desired: No

Date

## Electronic Signature of Signing Officer/Director Detail

# PH