## L15000141719

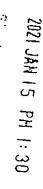
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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O SIMMONS FEB 22 2021

## **COVER LETTER**

, ~

INH\$18 (2/14)

TO:	Registration Section Division of Corporations					
SHRII	GP PARKER DESIGN, LLC					
SUBJECT:						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered C	Office Change and I	ee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the fo	ollowing:			
Michell	e Rosander					
<del></del>	Name of Person		<del></del>			
gpPark	er Design					
<del></del>	Firm/Company					
3253 W	ymberly Drive					
	Address		<del>-</del>			
Jupiter.	FL 33458					
	City/State and Zip Code	:	_			
gpparke	erdesign@gmail.com					
Ē	-mail address: (to be used for future a	innual report notific	cation)			
For fur	ther information concerning this matt	er, please call:				
Michel	e Rosander	561 at (	248-6195			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the followi	ng amount:				
	\$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	ESIGN, LL	С	
2. (a)		(I	o)	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing addre	ss of limited liability company:  Y BE POST OFFICE BOX)
	3253 Wymberly Drive		3253 Wymberly Drive	
	Jupiter FL 33458		Jupiter FL 33458	
	8/17/2015		L15000141719	
3.	Date of filing/registration in Florida	<b>4</b> .	Document	number
5. (a)	Susan C Parker			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES.	<u>~~~~</u>	200
	3257 Wymberly Drive			2021 JAN
	Jupiter, F	L_33458		<u>*</u> ***********************************
(b)	Taylor Andarsio			P
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ac	ldress:	1: 30
	NEW Registered Office Address:			
	3253 Wymberly Drive			
	Jupiter , F	L 33458		
change agent was/we the arti Signa  I here provisithe oblito mere	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lever authorized by an affirmative vote of the members reles of organization or the operating agreement of the lure of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and completely reflect a change in the registered office address, I in writing of this change.	e register iability co of the lin e limited	ed office and the busine ompany, it is hereby conted liability company liability company.  M. Challe  Printed or ty	ess office of the registered infirmed that the change(s) or as otherwise provided in Rosandar