

215000 206 969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

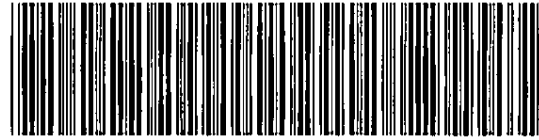
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 JAN 17 AM 7:07

FILED

FEB 17 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESTINATION WEDDINGS EXPERT, LLC

_____ Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WELFRIN MEDINA

Name of Person

DESTINATION WEDDINGS EXPERT, LLC

Firm/Company

4795 EUCALYPTUS DRIVE

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

WILL@DESTINATIONWEDDINGSEXPERT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WELFRIN MEDINA

414

248-8539

at (_____) _____

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 following amount:

\$25 Filing Fee

\$55 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. Name of the limited liability company: DESTINATION WEDDINGS EXPERT, LLC

2. (a) 4795 EUCALYPTUS DRIVE, HOLLYWOOD, FL 33021
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 1722 SHERIDAN STREET #111, HOLLYWOOD, FL
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
ZIP CODE: 33020

3. 12/15/2015 Date of filing/registration in Florida

4. L15000206969 Document number

5. (a) WEIFRIN MEDINA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1450 SE 3RD AVE 210, DANIA BEACH, FL 33004
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
1450 SE 3RD AVE 210
DANIA BEACH, FL 33004

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

WEIFRIN MEDINA
NEW Registered Office Address:
4795 EUCALYPTUS DR
HOLLYWOOD, FL 33021

FILED
2020 JAN 17 AM 7:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 09111

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

WEIFRIN MEDINA
Printed or typed name of signee

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent