117000236952

(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



000321195130

11/30/18--01025--015 **25.00

18 1.07 30 F3 6:

O SIMMONS DEC 0.5 2018

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: OH LALA MODA 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:				
Eliett Cardomone Name of Person				
OH LA LA MODA LLC Firm/Company				
5208 Manor wood Drive				
Sara 50 to F1. 34235 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brian Wyka at (941) 232-2826 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee				
INHS18 (2/14)				

OHLALA MODALL

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. N	lame of the limited liability company: OH LA LA MODA	LLC
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: M	ress of limited liability company: AY BE POST OFFICE BOX) Sofa F.J. 34.23
3. 5. (a)	Date of filing/registration in Florida 4. Documer	20236952 ht number ts Inc
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5208 Marorwood Drive Sasabota FL 34235 Eliett Cordamone Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address: 5208 Manorwood Drive Sarasotoi FL 34235	∰ 6. <u>-</u>

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.

Elect Carlamone Elat Cardamone
Signature of a member or authorized representative of a member 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