L22000052885

(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:				





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COVER LETTER

TO: Registration Section Division of Corporations	
Corinna Nicole ELC	
SUBJECT: Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	id fee(s) are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Corinna Kolschowsky	
Name of Person	
Corinna Nicole LLC	
Firm/Company	
1005 Taray De Avila	
Address	
Tampa, FL 33613	
City/State and Zip Code	
ckols@proton.me	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Corinna Kolschowsky 630	457-7581)
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.

L. Na	nme of the limited liability company: Corinna Nicole I	.I.C		
2. (a)	Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BO)	•
	01/31/2022	1.2	.22000052885	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LegalZoom			
, (.,	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS, INC. Registered Office Address (MUST BE FLORIDA STREET) 476 RIVERSIDE AVE.			enor :
	JACKSONVILLE . F	, 32202		-
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address: 1005 Taray De Avila	d Office addre	ress:	
	Tampa . F	33613		
change agent v was/wo the arti	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the St e registered lability comp of the limite e limited liab	I office and the business office of the registe npany, it is hereby confirmed that the chang ted liability company or as otherwise providability company. na Kolschowsky	rred e(s)
Sign	ture of a member of authorized representative of a member		Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of his change.	e nerformana	nce of my duties, and I am familiar with and	l accent
Signatu	ire of Registered Agent			
/	Division of Corporations • P.O. FILING	Box 6327• FEE: \$25.00		