Division of Corporations



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To:

Division of Corporations

Fax Number : (85%)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 12009000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE SOUTHERN KEEPS BOUTIQUE L.L.C.

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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	ime of the limited liability company: SOUTHERN KEE	PS BOUTIQUE L.L	C.
2. (a)		(b)	
	Principal office address of finited hability company; (Nate: MUST BE STREET ADDRESS)	<u> </u>	Mading address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7901 4	th St N STE 300
	St. Petersburg FL 33702	St. Pete	ersburg FL 33702
	02/16/22	L220000	80807
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
(41)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	JACKSONVILLE 171	32202	_
(b)	, FL		ARPRO FILI 2025 JUL 17
	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	하는 두 골날빛
	7901 4th St N		7 PH
	NEW Registered Office Address.		77 29
	STE 300		
	St. Petersburg	33702	
the cha agent v was/we the arti	mited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered of ability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
I herel provisi the obli to mere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I f I in writing of this change.	performance of i d for in Chapter hereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
	David Roberts - Assistant Se	scretary	