L22000402854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bobbi's Boutique 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:

Bobbi L Cintron
Name of Person

Bobbi's Boutique LLC
Firm/Company

613 Hartford DR NW
Address

Port Charlotte FL 33952
City/State and Zip Code

RECEIVED
JUL 23 2024

masonbobbi123@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobbi Cintron at (941) 883-2656
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

Nelps

Enclosed is a check for the following amount:

☐ $25 Filing Fee

☑ $55 Filing Fee & Certified Copy

Letter # 024A000148

Filing Fee was submitted and Recieved. This is the

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2024

BOBBI L CINTRON
613 HARTFORD DR NW
PORT CHARLOTTE, FL 33952

SUBJECT: BOBBI'S BOUTIQUE, LLC
Ref. Number: L22000402854

We have received your document for BOBBI'S BOUTIQUE, LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 024A00014824

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: Bobbi's Boutique LLC

2. (a) 613 Hartford Dr NW
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Port Charlotte FL
33952

(b) 613 Hartford Dr NW
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Port Charlotte FL
33952

3. 7-15-2024
Date of filing/registration in Florida

4. L22000402854
Document number

5. (a) INC Authority RA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

390 North Orange Ave
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite 2300
W. Orlando, FL 32801-1684

(b) Bobbi L Cintron
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

613 Hartford Dr NW
NEW Registered Office Address:

Port Charlotte, FL 33952

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2024 JUL 23 AM 11:35
TALLAHASSEE, FLORIDA

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.

Bobbi Cintron
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.

Bobbi Cintron
Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)