## M16000006770

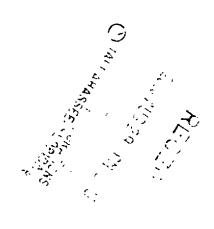
(Requestor's Name)						
(Address)						
(Address)						
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
<del></del>	(Document Number)					
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



400414580984





S. NO.

SEP - 1 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I200	00000195							
REFERENCE : 960	738 8298985							
AUTHORIZATION :								
COST LIMIT : \$-2	5.00 Al mar							
ORDER DATE : August 29, 2023	·····							
ORDER TIME : 1:42 PM								
ORDER NO. : 960738-005								
CUSTOMER NO: 8298985								
	•							
CHANGE OF AGENT								
NAME: LETS BOOTH IT, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF C	OF FILING:							
CERTIFIED COPY								
XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Weiland-sorenson								
EXAMINER'S	S INITIALS:							

## **COVER LETTER**

TO: Registration Section Division of Corporations	
WRIEGT. Lets Broth It 110	
SUBJECT: Lets Booth 1+ LLC Name of Limited L	iability Company
Dear Sir or Madam:	
he enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following
touse rotain air correspondence concerning airs matter to me	ionowing.
Shaum Hettwer Name of Person	
Name of Person	
Lets Booth 1+ Firm/Company	
Firm/Company	
568 Rosed-le Ave. Address	
Address	
City/State and Zip Code	
City/State and Zip Code	
81 , 12 @ lake 1 1 1 1 1	
Shawn @ letsboothit.com  E-mail address: (to be used for future annual report notifi	cation)
	,
or further information concerning this matter, please call:	
Shown Hettwer at 615	
Name of Person	) 266 - 6086 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$5	5 Filing Fee & Certified Copy
NHS18 (2/14)	

## 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 ubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company:	Booth	14, LI	LC	
(a)		(b)			
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Maili	ng address of limited lia	
	196 Fine Arbor Circle		568	Rusedule	A~c.
	St. Augustine, FL 32084			wille, TN	
	8/22/2016 Date of filing/registration in Florida		M160	0000677	O
	Date of filing/registration in Florida	4.	Doo	cument number	
(a)	Shown Hettwer				
(-)	Registered Agent and Registered Office shown on the records of t	he Florida D	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<u> </u>		
	3450 1 1				2:
	3458 Lakeshore Dr.				207
	Tallahassee ,FL	323	512		•
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :		<u>:</u>
	Companion Service Company				· <b>.</b>
	Corporation Service Company				7.  2
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee FI.	32301			
ange sent was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	registered bility com f the limite	office and the pany, it is hered liability con bility company	business office of the business of the busines	the registered the change(s) ise provided in
Sim	are of a member of authorized representative of a member		Shaum	Hettwer	
hereb ovisie e obli mere otifiea	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have been also been applied by the change.  Light Willard Prenson, My e of Registered Agent	ee to act in performan for in Ch ereby conj	this canacity	I further garee to	comply with the

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