

M17-0000003887

(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



300344260793

RECEIVED

2020 MAY -5 PM 1:11

STATE OF FLORIDA  
TALLAHASSEE

FILED

2020 MAY -5 AM 9:41

STATE OF FLORIDA  
TALLAHASSEE

Y SULKER

MAY 06 2020

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 5/4/2020

**\*\*WALK IN\*\***

ENTITY NAME 7THSENSE LLC FICTITIOUS NAME: 7THSENSE DESIGN LLC

DOCUMENT NUMBER M17000003883

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXX  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plain Copy  
Certified Copy  
Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certified Copy of Arts & Amendments  
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)  
Certificate of Status  
Certificate of Status Reflecting: \_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!



**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: 7THSENSE LLC FICTITIOUS NAME: 7THSENSE DESIGN LLC

2. (a) 4207 VINELAND ROAD, SUITE M-1-2 (b) 1032 NORTH CROOKS RD, SUITE H  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
ORLANDO, FL 32811 CLAWSON, MI 48017

3. 05/05/2017 4. M17000003883  
 Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
NATIONAL REGISTERED AGENTS, INC.  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

(b) \_\_\_\_\_  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
United Corporate Services, Inc.  
**NEW Registered Office Address:**  
9200 South Dadeland Blvd., Ste. 508  
Miami, FL 33156

FILED  
 2020 MAY -5 AM 9:51  
 SECRETARY OF STATE  
 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.

/s/ Matthew Barton Matthew Barton, Authorized Person  
 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.*

/s/ Michael A. Barr, President  
 Signature of Registered Agent Michael A. Barr, President