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(Requesto	r's Name)	
(Address)		
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(City/State	/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations	•
tusia Paul Decign Inc	
SUBJECT: Lucia Paul Design, Inc. Name of Corporation	
DOCUMENT NUMBER: P09000046534	
The enclosed Statement of Change of Registor	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Brian Weaver	
Name of Contact Person	
Stinson LLP	
Firm/Company	
7700 Forsyth Blvd, Ste 1100	
Address	
St. Louis, MO 63105	
City/State and Zip Code	
anna@annaluciaevents.co	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter	er, please call;
Anna Lucia Eischeid	at (813)235-0835 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Lucia Paul Desig	a Phyd. Tampa. Florida 33679	
2. The principal	office address: 3307 S West Shore	e Biva, Tampa, Florida 33022	
4. Date of incoη	poration/qualification: 05/27/200	9 Document number: P09000046534	
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	Anna L Eischeid		
	4302 Henderson Blvd, Ste 111		
	Tampa, FL 33629		
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered office	15 13 13
	Anna L Eischeid		, ÷
	3307 S West Shore Blvd		
		P.O. Box NOT acceptable .	<u> </u>
	Tampa, Florida 33629		بر بر
The street addras changed will	ess of its registered office and the identical.	he street address of the business office of its regis	tered agent,
Such change w authorized by	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an officer s been notified in writing of the change.	so
(1	\ .	Anna L. Eischeid	
Signati	ire of an officer or director	Printed or typed name and title	
I further agree of my duties, ar document is be	to comply with the provisions of nd Lam familiar with and accer	agent and agree to act in this capacity. If all statutes relative to the proper and complete point the obligation of my position as registered agen If the registered office address, I hereby conformings.	
		06/12/23	
Šī	gnature of Registered Agent	Date	
If signing on b	chalf of an entity:		
Ann	a L. Eischeid		
	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *