

L190000 22126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

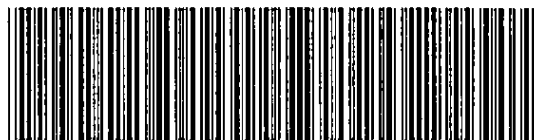
(Business Entity Name)

(Document Number)

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2020 MAR -9 AM 7:25



2020 MAR -9 PM 3:26

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2020

JENNIFER LYNN PHILLIPS
THE NOMADIC CLOSET LLC
6156 CANDLEWOOD WAY
SARASOTA, FL 34243

SUBJECT: THE NOMADIC CLOSET LLC
Ref. Number: L19000022126

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 620A00004151

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Nomadic Closet 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:

Jennifer Lynn Phillips
Name of Person

The Nomadic Closet LLC
Firm/Company

6156 Candlewood way
Address

Sarasota, FL 34243
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer L Phillips at (510) 962 2630
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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: The Nomadic Closet LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6156 Candlewood Way
Sarasota, FL 34243

6156 Candlewood Way
Sarasota, FL 34243

3. Jan 22, 2019 4. L 19000022126
Date of filing/registration in Florida Document number

5. (a) Cheyenne Moseley, US Corp. Agents
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

United States Corporation Agents, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) suite 36
13302 Winding Oak Court / 5575 S. Semoran Blvd
Tampa / Orlando, FL 33612 33802

(b) Jennifer L. Phillips
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6156 Candlewood Way
NEW Registered Office Address:

Sarasota, FL 34243

2020 MAR -9 AM 7:25

FILED

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.

Signature of a member or authorized representative of a member

Jennifer L. Phillips
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.

Signature of Registered Agent

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