

M17-000003887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

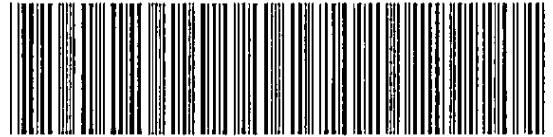
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SHREVEPORT, LOUISIANA
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SHREVEPORT, LOUISIANA
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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!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7THSENSE LLC-FICTITIOUS NAME: 7THSENSE DESIGN 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:

DOLORES BURTON

Name of Person

UNITED CORPORATE SERVICES, INC.

Firm/Company

100 STATE STREET, SUITE 800

Address

ALBANY, NY 12207

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at () Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: 7THSENSE LLC FICTITIOUS NAME: 7THSENSE DESIGN LLC
2. (a) 4207 VINELAND ROAD, SUITE M-1-2
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
ORLANDO, FL 32811
- (b) 1032 NORTH CROOKS RD, SUITE H
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
CLAWSON, MI 48017
3. 05/05/2017
Date of filing/registration in Florida
4. M17000003883
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

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
Signature of a member or authorized representative of a member

Matthew Barton, Authorized Person
Printed or typed name of signer

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

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

FILED
2020 MAY -5 AM 9:41
SECRETARY OF THE
TALLAHASSEE COUNTY