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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Atta Girl lefts Designs, 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:
Joanna Williamson (Name of Person) Alta Girl! Deoigno, LLC (Firm/Company) 5506 NW 38 m Pl (Address) Gaineville FL 32606 (City/State and Zip Code)
For further information concerning this matter, please call:
Joanna Williamson at (703) 992 6864 (Name of Person) (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 P.O. Box 6327 Callahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: S55 Filing Fee & Certified Copy S55 Filing Fee & Certifie
X \$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 608.416 or 608.508, 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. The name of the limited liability company is: Atta Girl! Designs, LLC
2. The mailing address of the limited liability company is:
6330 Alberta St Springfield, VA-22152
JAN 5,2005 L05000001617
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
TName 1201 Hays S
Address Jalahassee
6. The name and address of the new registered agent and/or office: Atta Girl! Designs, LLC Plant Series S
Gainesville FL 32606 City, State and Zip
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)
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(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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

JOANNA WILLAMSON

(Signature of Registered Agent)

tions P.O. Roy 6327 Tallahassee FL 3231

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