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(Requestor's Name)	
(Address)	
(Address)	000295292780
(City/State/Zip/Phone #)	02/24/1701021006 **25.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	2011 FEI
Special Instructions to Filing Officer:	THE LARY OF STATE AHASSEE, FLORIDA
	PH 2: 15 E. FLORID

K. SALY FEB 27 2017

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.•		COVER LETTER		ŕ	£
ŢO:	Registration Section Division of Corporations	ť.	ญ์		£

SUBJECT: PEAVEY HOSIERY, 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:

DARREN PEAVEY

Name of Person

PEAVEY HOSIERY LLC

Firm/Company

PO BOX 260904

Address

TAMPA, FL 33615

City/State and Zip Code

## DARREN@PEAVEYHOSIERY.COM

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

For further information concerning this matter, please call:

DARREN PEAVEY	813 at (	884-3905
Name of Person	"" (	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MA	ILING ADDRESS:
Registration Section	Reg	istration Section
Division of Corporations		ision of Corporations
Clifton Building		. Box 6327
2661 Executive Center Circle	Tall	ahassee, Florida 32314
Tallahassee, Florida 32301		
Enclosed is a check for the following	amount:	
☑ \$25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. N	ame of the limited liability company:	SIER	7, LLC	
2. (a)	PEAVEY HOSIERY, LLC		(b) PEAVE	Y HOSIERY, LLC
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7521 PAULA DR. #260904		PO BOX	X 260904
	TAMPA, FL 33685-0904		TAMPA	, FL 33685-0904
	07/08/2005		L050000	67351
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	PEAVEY HOSIERY, LLC			
0. (u)	Registered Agent and Registered Office shown on the records o	f the Flor	da Dept. of Stat	
	SMITH, BECKY J			210
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	
	8316 N HABANA AVE			
	TAMPA F	, 3361	5	FEB 24 PM
(b)	PEAVEY HOSIERY, LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		MITEB 24 PM 2: 15 SILCHETARY OF STATE	
	DARREN PEAVEY			
	NEW Registered Office Address:			_
	7521 PAULA DR. #260904			-
	TAMPA	L_3368	5-0904	_
the ch agent was/w the art Signa	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the 2/21/17 mure of a member or authorized representative of a member eby accept the appointment as registered agent and age ligations of my position as registered agent as provid rely reflect a change in the registered office address, here is a member of the change in the registered office address, here is a member of the change in the registered office address, here is a member of the change in the registered office address, here is a member of the change in the registered office address, here is a member of the change in the registered office address, here is a member of the change in the registered office address, here is a member of the change in the registered office address, here is a member of the change in the registered office address, here is a member of the change in the registered office address of th	of the reg iability of the li e limited P	gistered offic company, it i mited liabilit liability cor EAVEY, DA	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. ARREN Printed or typed name of signee

2/2/117 min PILL Signature of Registered Agent

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