L070000/0131

(Re	equestor's Name)	
(Ad	dress)	·
(Ad	dress)	*
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: PRECIOUS, LOVE, AND CA	ARE, LLC imited Liability Company)
(Name of L	imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
	OT JUN 13 AM 10: 59
Larry Collins	
(Name of Person)	
PRECIOUS, LOVE, AND CARE, LLC (Firm/Company)	
(This Company)	
10700 Caribbean Blvd Ste 312E	
(Address)	
Cutler Bay, Florida 33189 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Marie Baker	at (786) 273-8835
(Name of Person)	(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 followin	g 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 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 lia	bility company	is: PRECIOUS, LC	OVE, AND CARE, LI	<u>.c</u>	
2. The mailing address of the	limited liability	company is: 107	700 Caribbean Blv	rd Ste 312E,	
Cutler Bay, FL 33189					
	•				
01/29/2007		_	07000010131	•	
3. Date of filing/registration in	ı Florida	4.	. Document num	ıber	
5. The name of the registered a Florida Department of State	agent and the re	egistered office ad	dress as shown o	on the records o	f the
Ma	rie Baker				
		Name		<u> </u>	2 E.
<u>892</u>	5 SW 148 STF			ç	
NAL A	MI FL 33157	Address		;	SION
IVII		ity, State and Zip		•	- FR
6. The name and address of the	e new registere	d agent and/or off	īce:	:	OF STATE ORPORATION:
Ları	y Collins				: O
107	00 Caribbean l	Name Blvd 312E			O NS
Flo	orida street add	ress (P.O. Box No	OT acceptable)		
Cut	er Bay	FI. 33189			
Cut	*	FL 33189 y, State and Zip			
If the limited liability company confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of	y is not organiz e or changes ar- registered agent confirmed that	ted under the laws te made, the Floric t will be identical. the change(s) wa	la street address of Or, in the case s/were authorized	of the registered of a Florida lim d by an affirma	d office nited tive vote
Mare Bale					
(Signature of a member or authorized re	presentative of a me	ember)			
Marie Baker					
(Printed or typed name of signee)					
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, ifthis a address, I hereby agnfiff that	ent as registere all statules rela sept the obligat locument is bei the limited lial	d agent and agree tive to the proper tions of my positio ng filed to merely bility company ha	e to act in this ca and complete pe in as registered o reflect a change s been notified in	pacity. I furthe erformance of n igent as provide in the registere writing of this	r agree to ny duties, ed for in ed office change.
(Signature of Registered Agent)					
/ / Division of	Corporations	. P.O. Box 6327.	Tallahassee, FL	32314	

FILING FEE: \$25.00