

L07000087171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

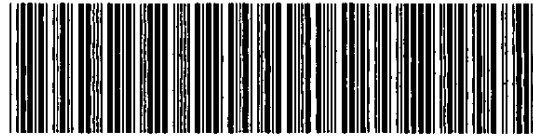
(Business Entity Name)

(Document Number)

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08 AUG 18 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 19 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FEAT AND REPEAT LLC  
(Name of Limited Liability Company)

CREATIVE SUITE

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:

Lauren Kennedy  
(Name of Person)

FEAT AND REPEAT CREATIVE SUITE  
(Firm/Company)

832 W. Georgia St, Apt. 1  
(Address)

Tallahassee, FL, 32304  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren Kennedy at (941) 815-0563  
(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 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 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. Name of the limited liability company: Feat and Repeat, LLC creative suite
2. (a) Principal office address of limited liability company: 615 N. Woodward Ave, Apt. 2  
(Note: **MUST BE STREET ADDRESS**)

- (b) Mailing address of limited liability company: 615 N. Woodward Ave, Apt. 2  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida 8-24-07 4. Document number L07000087171

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Lauren Kennedy  
Registered Office Address: 615 N. Woodward Ave. Apt. 2  
Tallahassee, FL 32304

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: same Name

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**)

832 W. Georgia St. Apt. 1  
Tallahassee, FL 32304

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.

Lauren Kennedy  
(Signature of a member or authorized representative of a member)

Lauren R. Kennedy  
(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, I hereby confirm that the limited liability company has been notified in writing of this change.

Lauren Kennedy  
(Signature of Registered Agent)

FILED  
JUG 18 AM 9:44  
TALLAHASSEE, FLORIDA