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EXAMINER

SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Felonice Designs Name of Limite	d 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 n	natter to the following:
Felonice Margasak Name of Person	
Felonice Designs, LLC	
1210105 White Coral Dr	
Wellington, FL 3341Ll City/State and Zip Code	,
E-mail address: (to be used for future annual report notification)	SECRETAR SEC
For further information concerning this matter, ple	ease call:
Felonice Margasak at (	772 812 3148 5 5 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations ·
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BATH 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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: Felonice	Designs, LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	12665 White Coral Dr 12011/1900 1 FC 33414
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Dellington FL 33414
2-2008	L08000014773
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Felonice Murgasal
Registered Office Address:	842 SW Commonwealth Rd Pox+ 5+ 1 Lucie FL 34953
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address
<u><b>NEW</b></u> Registered Agent:	Felonice margasal
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Dellington
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member.  Printed or typed name of signee.  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prant I am familiar with and accept the obligations of my post of the provisions of the company of the provisions of the company of the provisions of the limited liability company address, I hereby confirm that the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of Registered Agent	•

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