## L08000 050 659

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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R. WHITE

JAN 11 2023

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Flankess Conce	pts 110			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
SETAE G. GERMANA Name of Person  Flawless Concepts LLC Firm/Company				
Firm/Company				
2571 Regalia Wala Address				
Hallywood Ft 33026 City/State and Zip Code	<del></del>			
E-mail address: (to be used for future annual repor	CIMAIL - COM. 1 notification)			
For further information concerning this matter, please ca	all:			
Secol G. Greeman at 9	54 ) 628-6863 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:				
1 \$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 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: <u>Lnules</u>	<u> 5 6</u>	ncepts 110		
2. (a)		(b) 2571 Regalia Was Mailing address of limited liability company:			<del>, -</del>
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			E POST OFFICE BOX)	•
	Hollywood fr 33026.	_	Hollywood	, fl 3302	<u>_</u>
	05/21/2008	_	L080000506		
3.	OS /2   /2008  Date of filing/registration in Florida	4.	Document num	•	
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:		
	430 NE 14681		·		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u> </u>		
	Miami, FL	331	61	2019 D	
(b)	SECCE G. GELMANA			<u>.</u>	
	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	iress:	-2	
	2571 Reaglia INAU			FH 8:	
	NEW Registered Office Address:		<del></del>		
				_	
	Hollingian FL	<b>33</b>	N 1 6		
	0	<u></u>	026		
the ch	limited liability company is not organized under the law ange or changes are made, the Florida street address of the control o	the regist	tered office and the busine	ess office of the register	ed
was/w	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	f the limi	ted liability company or a		
the an	ticles of organization or the operating agreement of the l	imited li			
Sign	ature of a member or authorized representative of a member		Printed or typed in	name of signee	_
provis the ob- to men	eby accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely-reflect a change in the registered office address, I he ed in writing of this change.	performa I for in C	ince of my duties, and I an Thanter 605, F.S. Or, if the	n familiar with and acce is document is beine file	ie Pl d
Signat	ure of Registered Agent				

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

INHS18 (2/14)