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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Palmway Design Studio 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:

Adrienne Mayer

Name of Persor

Palmway Design Studio LLC

Firm/Company

1629 N. Palmway

Address

Lake Worth, FL 33460

City/State and Zip Code

adrienne61513@gmail.com

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

For further information concerning this matter, please call:

Adrienne Mayer

_{at (}561

596-8125

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.	Nar	ne of the limited liability company: Palmway Design Studi	LLC		_
2	(a)	Principal office address of limited liability company	1620 N. Palmway	9 4	
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Lake Worth, FL 33460	- A	_
		(NOC. MOST BE STREET NOTICES)	50		_
			يَوْنِيُّ الْمُعْرِقِينِ		ā
	(b)	Mailing address of limited liability company:	1629 N. Palmway	Control of the	ا س
		(Note: MAY BE POST OFFICE BOX)	Lake Worth, FL 33460	2 2 (_
				<u> </u>	_
Δ	auet 3	8, 2013	L10000017233	95%	
					-
٥.	Dat	e of filing/registration in Florida	l. Document number	7	
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept	. of State:	
		Registered Agent:	Adrienne M Acton		_
		Registered Office Address:	1629 N. Palmway		
		Registered Office Address.	Lake Worth, FL 33460		-
					_
		NEW Registered Agent:	Adrienne M Mayer		_
		NEW Registered Office Address:			_
		(MŪST BE FLORIDA STREET ADDRESS)		.FL	-
				_,1`L	_
an lia the	nfiri d the bilit e me e ope	imited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	was of the State of Florida, it prida street address of the regional. Or, in the case of a Florid was/were authorized by an after provided in the articles of o	is hereby istered office da limited firmative vote or rganization or	əf
		n Mayer or typed name of signec	-		
I co an Ch	here mply d I d japte	by accept the appointment as registered agent and as which the provisions of all statutes relative to the pro- im familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to men ss, I hereby confirm that the limited liability company	gree to act in this capacity. I per and complete performanc ition as registered agent as p rely reflect a change in the rey has been notified in writing	further agree to se of my duties, rovided for in gistered office)

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