L10000011425

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | • | | |
|---|--|--|--|
| Tranquility Designs LLC | | | |
| | ame of Limited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Of | ffice Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning t | this matter to the following: | | |
| Veronica Gluecksmann | | | |
| Name of Person | | | |
| Tranquility Designs LLC | | | |
| Firm/Company | | | |
| 49 N Federal Highway #241 | | | |
| Address | | | |
| Pompano Beach, FL 33062 | | | |
| City/State and Zip Code | <u> </u> | | |
| vgluecksmann@gmail.com | | | |
| E-mail address: (to be used for future ar | nnual report notification) | | |
| For further information concerning this matte | er, please call: | | |
| Veronica Gluecksmann | 954 632-9952 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section 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 followin | ng amount: | | |
| \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | |

INHS18 (2/14)

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. Na | ame of the limited liability company: Tranquility [| Designs I | LC_ | |
|---------------------------------------|--|---|--|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b |) | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 10 SE15th Avenue | | 2805 E 0 | Dakland Park Blvd #267 |
| | Pompano Beach, FL 33060 | | | derdale, FL 33306 |
| | 02/16/2010 | | L1000001 | 7425 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | | | | |
| | Registered Agent and Registered Office shown on the records of Veronica Gluecksmann | of the Florida | Dept. of State | |
| | Registered Office Address (MUST BE FLORIDA STREET | T ADDRESS | <u> </u> | |
| | 2805 E Oakland Park Blvd. #267 | | | NEW Mailing |
| | Fort Lauderdale , F | _{FL} 33306 | | NEW Mailing Address is-as |
| (b) | Same as above: Veronica Gluecksmann | | | , well. |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | ed Office ad | dress: | |
| | | | | 基 |
| | NEW Registered Office Address: | | | i i i i i i i i i i i i i i i i i i i |
| | 49 N Federal Highway #241 | | | 2 : 5년 년 |
| | Pompano Beach , F | FL_33062 | | |
| the cha agent was/w | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members ietes of organization or the operating agreement of the | of the regist liability co s of the lim | stered office ompany, it is nited liability | and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in |
| 4 | -ul- | | · . | ecksmann |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| I here provis the ob- to mer | by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in viriting of this change | gree to act te perform ded for in (I hereby c | t in this cape ance of my c Chapter 605 onfirm that i | ncity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been |

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

Signature of Registered Agent