

#L110000/2478

9478 WorSwick Ct.  
Wellington FL 33414

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/29/11--01040--014 \*\*35.00

01/24/12--01017--011 \*\*20.00

FILED

12 JAN 23 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 25 2012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2012

THE ARTIST IN YOU, LLC  
HEIDI CARAVETTA  
9478 WORSWICK COURT  
WELLINGTON, FL 33414

SUBJECT: THE ARTIST IN YOU, LLC  
Ref. Number: L11000012478

We have received your document for THE ARTIST IN YOU, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 712A00000314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Artist In You, 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:

Heidi Caravetta  
Name of Person

The Artist In You, LLC  
Firm/Company

9478 Worswick Ct.  
Address

Wellington, FL 33414  
City/State and Zip Code

hcaravetta@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi Caravetta at (561) 578-0030  
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: The Artist In You, LLC

2. (a) Principal office address of limited liability company: 9478 Worswick Ct.

(Note: **MUST BE STREET ADDRESS**)

Wellington, FL 33414

(b) Mailing address of limited liability company:

Same as above

(Note: **MAY BE POST OFFICE BOX**)

January 31, 2011

3. Date of filing/registration in Florida

L11000012478

4. Document number

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

Registered Agent:

United States Corporation Agents

Registered Office Address:

13302 Winding Oaks Blvd. S. A  
Tampa, FL 33618

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

**NEW Registered Agent:**

HEIDI CARAVETTA

**NEW Registered Office Address:**

9478 WORSWICK CT.

(**MUST BE FLORIDA STREET ADDRESS**)

Wellington, FL 33414

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.

Heidi Caravetta  
Signature of a member or authorized representative of a member

1/14/2012  
Printed or typed name of signer

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.

Heidi Caravetta  
Signature of Registered Agent

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