## L110000 36706

	<u>i                                     </u>				
(Requestor's Name)					
	į				
(Ac	(Address)				
	· ;				
(Address)					
<b>\</b>	•				
	ty/State/Zip/Phon				
(0)	ty/State/Zip/Phon	le #)			
PICK-UP	☐ WAIT	MAIL			
<u>—</u>					
	•				
(Bı	usiness Entity Na	me)			
(-	· · · · · · · · · · · · · · · · · · ·	,			
		,			
(Do	ocument Number	)			
		•			
Certified Copies	Certificate	s of Status			
Special Instructions to	Filing Officer				
Special metractions to	: :				
	•				
	•				
	:				
		<del></del>			

Office Use Only



900235794529

06/04/12--01010--013 \*\*25.00



J. BRYAN

JUN - 5 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI			nishes, LLC lability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered O	office Cha	ange and fee(s) are submitted for filing.	
Please	return all correspondence concerning	this matte	er to the following:	
	Krystle Barther			
	Name of Person			
	Kouture Finishes, LLC		TALLAHASSEE, FLORIDA	6
	Firm/Company			-
				-
	5470 Lyona Dood #105			8
<del></del>	5470 Lyons Road #105 Address		<u>—                                    </u>	
	Address		rg -	
			是一	
	Coconut Creek, FL 33073			
	City/State and Zip Code			
	,			
E-	kouturefinishes@gmail.com	1 otification)		
For fu	rther information concerning this matte	er, please	call:	
	Krystle Barther	_ at ( <u>9</u>	557-2047	
	Name of Person		Area Code & Daytime Telephone Number	
	CMDPEW/COUDIED ADDRESS	•	MANUAL ADDRESS.	
	STREET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section	
	Registration Section Division of Corporations	•	Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		• • • • • • • • • • • • • • • • • • •	
	Enclosed is a check for the following	ng amoun	ıt:	
	\$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.

· ·	
Name of the limited liability company:	Kouture Finishes, LLC
2. (a) Principal office address of limited liability compar	ny: 5470 Lyons Road #105
(Note: MUST BE STREET ADDRESS)	Coconut Creek, FL 33073
(b) Mailing address of limited liability company:	5470 Lyons Road #105
(Note: MAY BE POST OFFICE BOX)	Coconut Creek, FL 33073
6/1/2012	L11000036706
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents Inc.
Registered Office Address:	13302 WINDING OAK COURT A TAMPA FL 33612 US
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	EW Registered Office address:
NEW Registered Agent:	Michael Barther
NEW Registered Office Address:	5470 Lyons Road #105
(MUST BE FLORIDA STREET ADDRESS)	Coconut Creek ,FL 33073
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited
\\ Krystle Barther	
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or if this document is being filed to n address. Thereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	

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