

L11000080797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

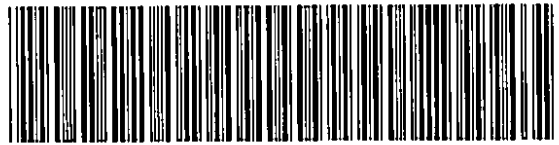
(Business Entity Name)

(Document Number)

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2018 DEC -5 P 11:19
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D. SCOTT
JAN 7 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRISTEN NICOLE 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:

CHRISTEN NOVATKA

Name of Person

Firm/Company

11300 LEGACY AVE, SUITE #3

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

incometaxmail@aol.com

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

For further information concerning this matter, please call:

CHRISTEN NOVATKA

at (561)

633-7388

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

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2018 DEC -5 P 11:19
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: CHRISTEN NICOLE LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

11300 LEGACY AVE SUITE, #3
PALM BEACH GARDENS, FL 33410

901 LAKE SHORE DR, APT #114
LAKE PARK, FL 33403

07/13/2011

L11000080797

3. Date of filing/registration in Florida 4. Document number

5. (a) GHINI, ROBERT

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

GHINI, ROBERT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4500 PGA BLVD, SUITE #304A

PALM BEACH GARDENS, FL 33418

(b) LENA D COTTON

Enter name of NEW Registered Agent and/or NEW Registered Office address:

PROFESSIONAL ACCOUNTING LDC LLC

NEW Registered Office Address:

3676 COLLIN DRIVE, SUITE #15

WEST PALM BEACH, FL 33406

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2010 DEC -5 P 11:20
TALLAHASSEE, FL 32314

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.

[Signature]
Signature of a member or authorized representative of a member

LENA D. COTTON
Printed or typed name of signee

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 605, 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.

[Signature]
Signature of Registered Agent