

L11000098670

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

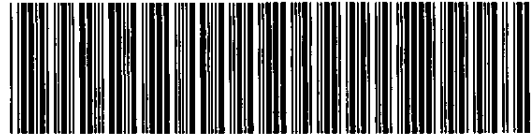
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOKABella Creations 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:

TERry-ANNE HEIDENREICH
Name of Person

KOKABella Creations LLC
Firm/Company

6533 White Blossom Circle
Address

Jacksonville, FL 32258
City/State and Zip Code

KOKABella Creations LLC
E-mail address: (to be used for future annual report notification)
@gmail.com

For further information concerning this matter, please call:

TERry-ANNE HEIDENREICH at (254) 368-2419
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: KOKABELLA Creations LLC
2. (a) Principal office address of limited liability company: 6533 White Blossom Cr.
Jacksonville, FL 32258
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: P.O. Box 600246
Jacksonville, FL 32258
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 06/06/2012
4. Document number: L11 000098670

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

Registered Agent:

Registered Office Address:

Terry-Anne Heidenreich
39 Avalon Terrace
Palm Coast, FL 32137

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

NEW Registered Agent:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

Terry-Anne Heidenreich
6533 White Blossom Cr.
Jacksonville, FL 32258

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.

T. Heidenreich
Signature of a member or authorized representative of a member

Terry-Anne Heidenreich
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

T. Heidenreich
Signature of Registered Agent

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2 JUN 15 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA