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(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJI		CULOUS LLC une of Limited Liability Company
Dear \$	ir or Madam:	
The en	closed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the following:
	Artene Hartwe	
	Midiculous LLC Firm/Company	
1199	54 Narcoossee Road, S	hite 2-503
	Mando, Florida 3 City/State and Zip Code	2832
_ <u>a</u>	Hene@ gospel musicio	nual report notification)
For fun	ther information concerning this matte	r, please call:
	Arlene Hartwell Name of Person	at (401) 497 – 9700 Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Englosed is a check for the following	g 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 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.

I. Na	ume of the limited liability company:	idiculons LLC	
2. (a)	Jamai Hartwell	(b) Arlene Hartwell	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	11954 Narcoossee Road	11954 Narcoussee Road	
	Suite 2-503, Orlando, FL 32832	Suite 2-503, Orlando, FL 3283	a
	09/26/2011	411000109870	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	Artene Hartwell		
	Registered Agent and Registered Office shown on the records of the 6900 Tavistock Lakes	the Florida Dept. of State:	
	Registered Office Address MUST BE FLORIDA STREET A	ADDRESSS) CF 202	
	Suite # 400	ACTE TO	
	Orlando FL		
(b)	_ Artene Hartwell		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	
	11954 Narcoossee Road	· · · · ·	
	NEW Registered Office Address.		
	<u>Suite 2-503</u>		
	Orlando FL	32832	
If the li	mited liability company is not organized under the laws	vs of the State of Florida, it is hereby confirmed that after the	
change	or changes are made, the Florida street address of the n	registered office and the business office of the registered bility company, it is hereby confirmed that the change(s)	
was/we	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	f the limited liability company or as otherwise provided in	
uic arti	Li Que tu trell	Arlene Hartwell	
Signal	ure of a member or authorized representative of a member	Printed or typed name of signee	
provisie the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergistered agent as provided justions of my position as registered agent as provided justified a change in the registered office address. I he fin writing of this change.	ve to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed breehy confirm that the limited liability company has been	
Sionator	col Registered Apone		