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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: LIZKA+ Designs, / C 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: | | |
| Elizabeth Brown Jacobs Name of Person | | |
| LIZKAT DESIGNS Firm/Company | | |
| 1805 N Flagler Drive 113 | | |
| West Palm Beach, Florida 33407 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Elizabeth B. Jacobs at 661, 601-8399 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: | | |
| ■ \$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.

| Floride | a. |
|------------------------------|---|
| 1. Na | ame of the limited liability company: LIZKA+ DESIGNS, LLC |
| 2. (a) | 1805 N Flagler Drive-11360 1805 N Flagler Drive 113 |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | West Palm Beach, Floridg West Palm Beach, flor |
| | 33407 |
| | |
| 3. | Date of filing/registration in Florida 4. Document number |
| | Elizabetho Brano Jacobs |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | 1805 N Flagier Drive 113 |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | West Palm Beach |
| | .EL 33407 |
| | Clizabeth Bas land |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | +25 Jelkirk Street |
| | NEW Registered Office Address: |
| | |
| | West Palm Beach, FL 33405 |
| | imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after |
| agent v | ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) |
| | ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in iclessof organization or the operating agreement of the limited liability company. |
| | Elizabeth Brown Jacobs Printed or typed name of signee |
| · | |
| provisi the obl to mer | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been film whiting of this change. |

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

Signature

is ofed Agent