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(Red	questor's Name)			
(Address)				
(Address)				
(· lac				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
Sign				
V	Office Use Onl	v		



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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	Two B's Studio LLC.		
	Name of Limited Liability Company		
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please	e return all correspondence concerning thi	s matter to the	he following:
Barb	ara Lange Boyce		
•	Name of Person		
Two	B's Studio LLC.		
	Firm/Company		
129	N. Grove Street, Suite B		
· -	Address		
Eusti	is, Florida 32726		
	City/State and Zip Code		
ba	arb@two-bs.com		
ı	E-mail address: (to be used for future ann	ual report no	tification)
For fu	rther information concerning this matter,	please call:	
Barba	ara Lange Boyce	352	638-0001
	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 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.

l. Na	me of the limited liability company: Two B's Studi	io LLC.
2. (a)		(b)
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	129 N. Grove Street, Suite B	4092 Lake Eleanor Drive
	Eustis, Florida 32726	Mount Dora, Florida 32757
	12-23-2011	L11000143610
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Barbara Lange Boyce	
(a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)
	301 N. Baker Street, Suite 211	
	Mount Dora, FL	
		32/5/ 第 23 第 23
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:
		1 Office address:
	NEW Registered Office Address:	ω
	129 N. Grove Street, Suite B	
	Eustis, FL	_32726
the cha agent w was/we	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
	alian Jaca	Barbara Lange Boyce
Stgnat	nure of a member or authorized representative of a member	Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have been also of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Signature of Registered Agent



April 12, 2018

TWO B'S STUDIO LLC BARBARA LANGE BOYCE 129 N GROVE ST, STE. B EUSTIS, FL 32726

SUBJECT: TWO B'S STUDIO LLC Ref. Number: L11000143610

We-have received your document for TWO B'S STUDIO LLC and your check(s) totaling \$25.00) However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 618A00007441

RECEIVED

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0 EPARTHENT OF STATE

11 VISION OF CORPORATE

12 VISION OF CORPORATE