## L120000009945

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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(Rm 3-13-15

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Lady Du Jour, LLC  Name of Limited Li	ability Company	
Name of Limited Li	ability 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 f	following:	
Name of Person	<del></del>	
Lady Du Jour, LLC		
Firm/Company		
i im/Company		
15751 Sheridan Street, #431		
Address	ー CA ST AR TH	
Ft. Lauderdale, FL 33331	88 FR 88 72	
City/State and Zip Code		
shopladydujour@gmail.com	PM 12: 20 Fr. LORID  Cation)	
E-mail address: (to be used for future annual report notifi	(Cation)	
·	) }	
For further information concerning this matter, please call:		
Rosita Smith at ( 954	, 809-3333	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MA	AILING ADDRESS:	
Registration Section Registration Section		
Division of Corporations Division of Corporations		
•	P.O. Box 6327	
2661 Executive Center Circle Tall Tallahassee, Florida 32301	lahassee, Florida 32314	
Enclosed is a check for the following amount:		
<b>☑</b> \$25 Filing Fee <b>□</b> \$5	55 Filing Fee & Certified Copy	
INHS18 (2/14)		

## 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. 1	Na	me of the limited liability company: Lady Du Jour, L	LC		
2. (a		15751 SHERIDAN STREET., #431		(h) 15751 S	HERIDAN STREET., #431
_, (_	, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		FT LAUDERDALE, FL 33331	_	FT LAUC	DERDALE, FL 33331
		01/23/2012		L1200000	9945
3.		Date of filing/registration in Florida	4.		Document number
5. (1	a)	SMITH, RASHEEDA			
J. (i	a <i>)</i>	Registered Agent and Registered Office shown on the records of the	e Flor	ida Dept. of Stat	 c:
		2114 North Flamingo Rd			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>:\$\$)</u>	-
		Pembroke Pines		33028	-
		FL_			_
(b	)	InCorp Services, Inc.			
`		Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	- Act <b>5</b>
		17888 67th Court North			- <del>5</del> 3
		NEW Registered Office Address:			55 N (
		· · · · · · · · · · · · · · · · · · ·			
		Loxahatchee		33470	D STATE
		FL_	<u>.                                      </u>	33470	- <del> </del>
the clagent was/	hai Lw we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the re bility f the l	gistered offic company, it i imited liabilit d liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Sign	n 0.0	ure of a member or authorized representative of a member	_	SMITH,	RASHEEDA  Printed or typed name of signee
I her prove the o	reb isid bli ere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	e to d perfor for i ereby	act in this cap mance of my n Chapter 60. confirm that	acity. I further garee to comply with the