# L12000052240

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Certified Copies	_ Certificates	of Status
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

Subject: Cupcake Boutique by Prada, 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:

## Angela Prada-Moed

Name of Person

Firm/Company

8530 SW 124th AVE #101

Address

Miami, FL. 33183

City/State and Zip Code

# ang28prada@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Michael Moed

at (305)

495-4844

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. Na	ame of the limited liability company: Cupcake Boutlque by	Prada, LLC.	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mlami, FL.	<u>.</u>
		33193	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8169 SW 163rd AVE Mlami, FL. 33193		
April 20	012	L12000052240	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
	Registered Agent:	Angela M. Prada-Moed	
	Registered Office Address:	8169 SW 163rd Ave Mlami, FL. 33193	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
	NEW Registered Agent:	Angela M. Prada-Moed	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8530 SW 124th AVE	****
	MUST BE TEORIDA STREET ADDRESS)	Miami ,FL 33183	
confi and the liabil the m the of	limited liability company is not organized under the larmed that after the change or changes are made, the Flance business office of the registered agent will be identified to company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise perating agreement of the limited liability company.	lorida street address of the registered officical. Or, in the case of a Florida limited⊆ was/were authorized by an affirm <b>ati</b> ve v	≘ ote of
	M. Prada-Moed	<u>.</u> 25	
I her comp and I Chap addre	d or typed name of signee  teby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po- ter 608, F.S. Or, if this document is being filed to me ass, I hereby confirm that the limited liability company ute of Registered Agent	gree to act in this capacity. I further agr oper and complete performance of my du sition as registered agent as provided for rely reflect a change in the registered off v has been notified in writing of this chan	ee to ties, r in lice ige.

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