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B. BOSTICK
OCT 2 1 2013

EXAMINER



TO: Registration Section Division of Corporations	
SUBJECT: Bizzi Boutique, LLC	
Name of Limite	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Disass astronos all same and dense components this part	notten to the following:
Please return all correspondence concerning this n	matter to the following.
Scott Valentine	
Name of Person	
Firm/Company	
1571 NE 161st Street	2013 C
Address	
Starke, Fl 32091	2013 OCT 18 PM 3: 13 ***CLARASSEC TIORIO.
City/State and Zip Code	
janavalentine@yahoo.com	ψ*
E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, pl	ease call:
Jana Valentine	352 284-7552
Name of Person	Arca Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

Enclosed is a check for the following amount:

□ \$25 Filing Fee

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

■ \$55 Filing Fee & Certified Copy

P.O. Box 6327

Tallahassee, Florida 32314

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. Name of the limited liability company: Bizzi Boutique, LLC		·	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	108 East Call Street Starke, Fl 320091		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	108 East Call Street Starke, Fl 32091		
05/01/2012	L12000055708		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t		da Dept. of Si	tate:
Registered Agent:	Wendy S Fischer		
Registered Office Address:	5522 NW 216th Street Lawtey, FI 32058	<u></u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office a	All O	
	v Registered Office a	<u>ωατεss.</u> σ	*
NEW Registered Agent:	Scott Valentine		
NEW Registered Office Address:	1571 NE 161st Street	<u> </u>	
(MUST BE FLORIDA STREET ADDRESS)	Starke, Fl 32091		
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of the province of the obligations of my possible of the province of the province of the obligations of the province of the	orida street address of ical. Or, in the case of was/were authorized be provided in the artic	the registered a Florida limpy an affirmatiles of organization.	office ited ive vote of ation or

Signature of Registered Agent

Division of Cornorations, P.O. Box 6327, Talla