

L12000 103 331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

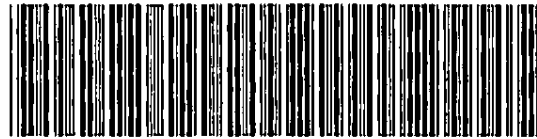
(Business Entity Name)

(Document Number)

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JUN 18 2020
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2020 MAY 28 AM 6:45

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESIGNER DIVAS RESALE BOUTIQUE
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:

ERIN MALONEY

Name of Person

DESIGNER DIVAS RESALE BOUTIQUE, LLC
Firm/Company

2371 VANDERBILT BCH RD. UNIT #706
Address

NAPLES, FL 34109
City/State and Zip Code

ernlyn7@aol.com

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

For further information concerning this matter, please call:

ERIN MALONEY

Name of Person

at (239) 692 2337

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

1. Name of the limited liability company: DESIGNER DIVAS RESALE BOUTIQUE, LLC
2. (a) ERIN MALONEY
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
569 CYPRESS WAY EAST
NAPLES FL, 34110
- (b) DESIGNER DIVAS RESALE BOUTIQUE
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
2371 VANDERBILT BCH RD. #706
NAPLES FL, 34109

3. 08/10/2012
Date of filing/registration in Florida
4. L12000103331
Document number

5. (a) NANCI IUCULANO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

DESIGNER DIVAS RESALE BOUTIQUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2355 VANDERBILT BCH RD. SUITE 136
NAPLES, FL 34109

- (b) ERIN MALONEY
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

DESIGNER DIVAS RESALE BOUTIQUE
NEW Registered Office Address:
2371 VANDERBILT BCH RD. UNIT #706
NAPLES, FL 34109

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2020 MAY 28 AM 6:45
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF S.W. FLA.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nanci Iuculano
Signature of a member or authorized representative of a member

Nanci Iuculano
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Erin Maloney
Signature of Registered Agent