

L/2000120162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

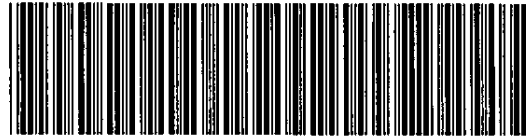
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
14 OCT 16 PM 2:59

OCT 20 2014

T. CARTER

LLC RA/RO change

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Michele Design Group 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:

Michele Sessa  
Name of Person

Michele Design Group LLC  
Firm/Company

9000 SOUTH BAY DR  
Address

ORLANDO FL 32819  
City/State and Zip Code

m.sessa@thesessagroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Sessa at ( 321 ) 246 2635  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2014

MICHELE SESSA  
MICHELE DESIGN GROUP LLC  
9000 SOUTH BAY DR  
ORLANDO, FL 32819 US

SUBJECT: MICHELE DESIGN GROUP, LLC  
Ref. Number: L12000120162

We have received your document for MICHELE DESIGN GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 714A00021199

RECEIVED  
14 OCT 16 AM 10:56  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Michele Design Group LLC  
2. (a) 9000 SOUTH BAY DR (b) PO BOX 690565  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
ORLANDO FL 32819 ORLANDO FL 32869

3. 09/20/2012 4. L 12000120162  
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 WINDING OAKS COURT, SUITE A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Michele Sessa, Michele Design Group LLC  
NEW Registered Office Address  
9000 SOUTH BAY DR  
ORLANDO, FL 32819

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 16 PM 2:59

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.

Michele Sessa  
Signature of a member or authorized representative of a member

MANAGING MEMBER/MANAGER  
Printed or typed name of signee

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.

Michele Sessa  
Signature of Registered Agent