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COVER LETTER

Registration Section

TO:

Divi	sion of Corporation	Š' 			
SUBJECT:	Patricia Bezanilla Design Services, LLC				
	Name of Limited Liability Company				
Dear Sir or N	/ladam:				
The enclosed	Registered Agent/	{ Registered Office Change and fee	e(s) are submitted for filing.		
Please return	all correspondence	concerning this matter to the foll	lowing:		
Patricia Be	ezanilla				
	Name o	f Person			
Patricia Be	ezanilla Design S	ervices, LLC			
	Firm/Co	mpany			
1616 N La	keside Drive				
	Addre	SS			
Lake Wort	h, FL 33460				
	City/State a	ild Zip Code			
pattybez@	comcast.net				
E-mail a	address: (to be used	for future annual report notificat	ion)		
For further in	formation concerni	 ng this matter, please call:			
Patricia Be	zanilla	, 561 at ()	222-9263		
	Name of Person	,	rea Code & Daytime Telephone Number		
STR	EET/COURIER A	 DDRESS: MAIL	ING ADDRESS:		
Registration Section Registration Section					
	ion of Corporations				
	on Building	P.O. Box 6327			
	Executive Center C hassee, Florida 323		assee, Florida 32314		
Encl	osed is a check for	the following amount:			
□ \$2	5 Filing Fee	☑ \$55 F	iling Fee & Certified Copy		
NHS18 (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 10/14	144.	1					
1. N	ame of the limited liabili	y company: Patricia Bez	anilla De	sign Serv	vices, LLC		
2. (a)	Patricia Bezanilla D	esign Services, LLC	(h	(b) Patricia Bezanilla Design Services, LLC			
2. (u)		ess of limited liability company: BE STREET ADDRESS)	(8	/ 	Mailing address of limite (Note: MAY BE POS		
	1616 N Lakeside D	rive		1616 N I	Lakeside Drive		
	Lake Worth, FL 33	460		Lake Wo	orth, FL 33460		
	December 12, 2012	 		L1200015	57314		
3.	Date of filing/r	egistration in Florida	4.		Document number		
5. (a)	United States Corp	oration Agents, Inc.					
()	Registered Agent and Register	ered Office shown on the records o	f the Florida	Dept. of State	- e:		
	United States Corp	oration Agents, Inc.					
	Registered Office Address	MUST BE FLORIDA STREET	"ADDRESS	ž	•		
	13302 Winding Oa	ks Court, Suite A					
	Tampa	, F	_33612		- Acc	17	
(b)	Patricia Bezanilla	,			> 2 二 二 3 三 3 三	11 3 <u>9</u> 0	<i>:</i>
	Enter name of NEW Registe	red Agent and/or NEW Registere	d Office add	lress:			·
	Patricia Bezanilla D	Design Services, LLC			CFLORIBA W	AH 7:	Π (+) - • • • • • • • • • • • • • • • • • • •
	NEW Registered Office Add	Iress:				ີ ທ	
	1616 N Lakeside D	nve					
	Lake Worth		_L 33460		_		
the cha agent v was/wa	ange or changes are made will be identical. Or, in the ere authorized by an affir	is not organized under the last, the Florida street address of the case of a Florida limited I mative vote of the members are operating agreement of the	of the regis iability co of the limi	tered office mpany, it is ited liability	e and the business of s hereby confirmed to v company or as oth	ffice of that the	the registered change(s)
	fallitia		Pati	ricia M Be	ezanilla		
	ture of a member of authorized	li i			Printed or typed name	~	
provisi the obl to merc notified	ions of all statutes relative ligations of my position a left reflect a change in the dring of this change with the change of this change the change of the	nt'as registered agent and age le to the proper and complete s registered agent as provide e registered office address, l e.	o nertornic	mce of mice	duties and Lan Ian	illiar w	ith and accont
Signatu	ire of Registered Agent						
	U Divis	ion of Corporations • P.O.	Box 6327	• Tallahas	see, FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)