11300CO 254/63

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
unong form				

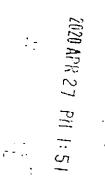
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2020

JARRETT LINDON 111 SPRINGHALL DR GOOSE CREEK, SC 29445

SUBJECT: TABLECLOTH SHIRT WORLD, LLC

Ref. Number: L13000025463

We have received your document for TABLECLOTH SHIRT WORLD, 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 FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 520A00008068

COVER LETTER

10:	Division of Corporations	
SUBJI	ECT: 14BLECLOTH	54127 WORLD, LLC ne of Limited Liability Company
	Nan	ne of Limited Liability Company
Dear S	ir or Madam:	
The en	iclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	s matter to the following:
	JARRETT LINGON Name of Person	
	ABLECTOTH SHIPT W	Poses, LLC
_///	Spain6 HALL DAINE Address	
G	City/State and Zip Code	29445
<u>_</u>	JO KINDON & HIRE &	ロロ report notification)
For fu	rther information concerning this matter.	please call:
	14 SEETT LINOUN Name of Person	at (843) Zoo - 098 Z 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
INHSI	8 (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. Name of the limited liability company: TABLECLOTH SHOT	Wases. LLC
	TH SHIRT Wasy
Principal office address of limited liability company: Mailing	address of limited liability company: e: MAY BE POST OFFICE BOX)
3457 EDGEWATER DONE 111 Spein	16 HALL DOWE
ORLANDS, FL 32804 FOOSE C	LEEK, 30 2945
2/19/2013 LI.	30000 Z5463
and the second s	ment number
5. (a) KEUIN ELMORE	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	20
	2020 APR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
4200 54IH AVENUE NOUTH, SHITE 3	27
ST. PETERSBURG FL 33714	™
	underen en de
(b)	· <u>5</u>
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
NEW Registered Office Address:	
150 BEARS SPRING DRIVE	
WINTER SpeINGS FL 32708	
I hereby accept the appointment as registered agent and agree to act in this capacity.	business office of the registered by confirmed that the change(s) apany or as otherwise provided in
provisions of all statutes relative to the proper and complete performance of my duties the obligations of my positionals registered agent as provided for in Chapter 605, F.S. to merely reflect a change in the registered office address. I hereby confirm that the literal in writing of the stange. Signayte of Registered Agent	'- and Lam lamiliar with and accept

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