

LPB000083140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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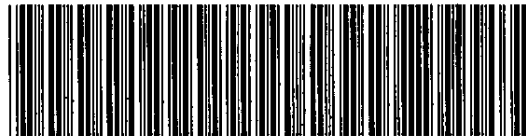
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
16 JUN 13 PM 4:21 2016 JUN 13 PM 1:18  
TALLAHASSEE, FLORIDA

JUN 15 2016  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4 EVER WEAR, 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:

AKILAH PEARSON  
(Name of Person)

4 EVER WEAR, LLC  
(Firm/Company)

600 93RD ST  
(Address)

SURFSIDE, FL 33154  
(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 13 PM 4:21

For further information concerning this matter, please call:

AKILAH PEARSON at (240) 338-8639  
(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

**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: 4 EVER WEAR, LLC

2. (a) Principal office address of limited liability company: 600 93RD ST  
SURFSIDE, FL 33154  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 600 93RD ST  
SURFSIDE, FL 33154  
(Note: **MAY BE POST OFFICE BOX**)

JUNE 7, 2013

3. Date of filing/registration in Florida

L13000083140

4. Document number

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

Registered Agent:

JACOB VARGHESE, US CORP. AGENTS

Registered Office Address:

13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612

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

**NEW Registered Agent:**

AKILAH PEARSON

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

600 93 RD ST  
SURFSIDE, FL 33154  
FL

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.

Akilah Pearson  
(Signature of a member or authorized representative of a member)

AKILAH PEARSON  
(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 608, 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.*

Akilah Pearson  
(Signature of Registered Agent)

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

**FILING FEE: \$25.00**