

L13 0000 86168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION DIVISION

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Denise Michel Gallery, 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:

Denise Autorino
Name of Person

Denise Michel Gallery, LLC
Firm/Company

250 Carolina Ave, #207
Address

Winter Park, FL 32789
City/State and Zip Code

Denise@Denise and Company.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Autorino at (407) 233-7305
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:

338 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: Denise Michel Gallery, LLC

2. (a) Principal office address of limited liability company: 250 Carolina Ave. #207
(Note: **MUST BE STREET ADDRESS**) Winter Park, FL 32789

(b) Mailing address of limited liability company: 250 Carolina Ave. #207
(Note: **MAY BE POST OFFICE BOX**) Winter Park, FL 32789

6/10/2013
3. Date of filing/registration in Florida

L13600086168
4. Document number

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

Registered Agent:

Denise Autorino

Registered Office Address:

411 NEW ENGLAND AVE
Winter Park, FL 32789

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

NEW Registered Agent:

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

250 Carolina Ave. #207
Winter Park, FL 32789

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.

Denise M. Autorino
Signature of a member or authorized representative of a member

Denise M. Autorino
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.

Denise M. Autorino
Signature of Registered Agent

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