L13000113705

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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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C. CARROTHERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2015

JENNIFER ALEXANDER BABYCIZE, LLC 2746 GRAYTON CT JACKSONVILLE, FL 32224 US

SUBJECT: BABYCIZE, L.L.C Ref. Number: L13000113705

We have received your document for BABYCIZE, L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A member of the above listed limited liability company must sign the document authorizing the change(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.

Tina D Carter Regulatory Specialist

Letter Number: 415A00005721

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Babycize, LLC	C1	T.P. C
Nam	e of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the f	Collowing:
La company Al Company		•
Jennifer Alexander		<u> </u>
Name of Person		
Babycize, LLC		<u> </u>
Firm/Company		
2746 Grayton Ct		
Address		
Jacksonvilee, FL 32224		<u>_</u> .
City/State and Zip Code		
jenalexander02@gmail.com		
E-mail address: (to be used for future annu	al report notific	cation)
For further information concerning this matter,	please call:	
Jennifer Alexander	at (954	775-4354
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MA	ILING ADDRESS:
Registration Section		sistration Section
Division of Corporations		ision of Corporations
Clifton Building		Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tall	lahassee, Florida 32314
Enclosed is a check for the following	amount:	
■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/14)		

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.

e. 131 b	2746 Grayton Ct.	// 9746	Gravton Ct		
(a)	Principal office address of limited liability company:	(b) 2746 Grayton Ct. Mailing address of limited liability company:			
	(Nate: MUST BE STREET ADDRESS)		(Note: MAY BB POST (
	Jacksonville, FL 32224	Jacks	sonville, FL 32224		
•					
		_			
	08/09/2013 08/09/2013 08/09/2013 08/09/20)1 L1300	0113705		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Jennifer Alexander				
(u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:		
	7241 NW 5th Street			•	
	Registered Office Address (MUST BE PLORIDA STREET	ADDRESS)	·	. •	
				三声	, 3
				22 3	
	Plantation ,FL	33317	- 	MAR 27 PH 12: 5	,
	Januarian Alaumadan	•	•		
(b)	Jennifer Alexander Enter name of NEW Registered Agent and/or NEW Registered	Office address:		<u></u>	2
•	THE INDIAN OF TANA PERSON OF WESTER WHICH THE A PERSON OF	Course word east.		S N	ڌ
	2746 Grayton Ct.			SIME LORIOA	7
	NEW Registered Office Address:			> .	,
			<u>.</u>		
					
	Jacksonville	32224			
the cha agent v was/we	Jacksonville	ws of the State of the registered of ability company, of the limited liab limited liability	ffice and the business office it is hereby confirmed that bility company or as otherw company.	se of the register	ed
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libro authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the State of the registered of ability company, of the limited liab	ffice and the business office it is hereby confirmed that billity company or as otherwompany. Lexander	e of the register t the change(s) vise provided in	ed
the cha agent v was/we the arti- Signa I here- provisi the obli- to mer-	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members of	ws of the State of the registered of ability company, of the limited liab limited liability Jennifer A	ffice and the business office it is hereby confirmed that billity company or as otherwoompany. lexander Printed or typed name of s	e of the register t the change(s) vise provided in lignee	

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