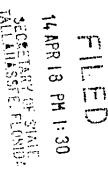


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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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04/18/14--01015--024 **35.00



COVER LETTER

TO: Amendment S Division of C	Section orporations	
subject: Step	Manie Gabriella Name of Corp	oration
DOCUMENT NUM	BER: L13000121	979
The enclosed Stateme	ent of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all corre	spondence concerning this matter to	the following:
	Stephanie Nune	t Person
_	Stephanie Nune Name of Contact Stephanie Galany Firm/Comp	ella, LLC
_	2007 8th Terrace	SE SE
. –	Winter Haven, City/State and 2	FL 33880
Ē.	Stephanie gabrielle mail address: (to be used for futu	FC 33880 Sip Code A @ live.com re annual report notification)
For further information	on concerning this matter, please call	`_ *
Stephanie	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Stephanie Gabriella, LLC
2. The principal office address: 2007 8th Terrace SE Winter Haven, FL 33880
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:13000121979
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Law offices of Elizabeth P. Whitehead, P.A
141 W. Central Avenue
Winter Haven, FL 33880 50 T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stephanie Nunez
2007 8th Terrace SE P.O. Box NOT acceptable
Winter Haven, FL 33880
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Stephanie Nunez, owner Stephanie Nunez, owner Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Stephenie Numer 4/16/14 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *