L13000	155 809
(Requestor's Name) (Address) (Address)	700335942957
(City/State/Zip/Phone #)	10/31/1901014013 **25.00
(Document Number) Certified Copies Certificates of Status	FILED 2019 OCT SI AN 9: 20 TALLAHASSFERFLOWINA
Office Use Only	all KER

Y FLU KER NOV 26 2019 + ...

TO: **Registration Section Division of Corporations** 

Squared Away Quilting, LLC Name of Limited Liability Company SUBJECT: \_

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:

Melanie Jean Smith Name of Person Mgr, Squand Away Quilting 5303 Ospray Ridge Dr. Lithia, FL 33547 City/State and Zip Code

E-mail address: (to be used for future annual report notification).

For further information concerning this matter, please call:

<u>40</u> at (<u>813</u>) <u>542 - Xe15</u> Area Code & Daytime Telephone Number Melanie Smi

## 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 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.

<ol> <li>Name of the limited liability company:</li> </ol>	Squared	Away	Quilting,	UC
2. (a) <u>5303</u> <u>Sprty Ridge</u> Principal office address of limited fiability con ( <u>Note: MUST BE STREET ADDRESS</u> Lithia, FL 3354	(b) npany: 			company:
II0520133.Date of filing/registration in Florida			00155809 nent number	
5. (a) Walk Law Firm Registered Agent and Registered Office shown on the	, PA			
102 W. Whiting Registered Office Address <u>(MUST BE FLORIDA</u> <u>Suite</u> 301 <u>Tampa</u> (b) <u>Melanie</u> Jean Enter name of NEW Registered Agent and/or NEW	<u>STREET ADDRESS)</u>		SSEC.P	
(b) <u>Melanie Jean</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>5303</u> <u>Osprey NEW</u> <u>NEW</u> Registered Office Address:		-	ATC MDD	:20
Lithia	.FL335	7		
If the limited liability company is not organized und the change or changes are made, the Florida street a agent will be identical. Or, in the case of a Florida l was/were authorized by an affirmative vote of the m the articles of organization or the operating agreement	ddress of the register limited liability comp tembers of the limited	ed office and tl any, it is hereb l liability comp ility company.	ne business office of by confirmed that the by or as otherwise pany or as otherwise p	the registered change(s) provided in
Signature of a member or authorized representative of a mem	ber	M-e/n Printec	nie J. Sy I or typed name of signce	nith

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 605. 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.

Signature of Registered Agent

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