

**L13000163 116**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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NUMBER PAGES:

Date: February 19, 2019

AE: Cori Ann Crosthwaite

TO: Florida Department of State H1080

REFERENCE: 1254086

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

**NU SOCKS LLC**

**Change of Registered Agent**

IN: FL

SPECIAL INSTRUCTIONS:

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS**

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**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272**

**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.*

1. Name of the limited liability company: Nu Socks LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

16137 POPPYSEED CIRCLE

16137 POPPYSEED CIRCLE

DELRAY BEACH, FL 33484

DELRAY BEACH, FL 33484

11/21/2013

L13000163116

3. Date of filing/registration in Florida

4. Document number

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

LEGALINC CORPORATE SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

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

Rocket Lawyer Corporate Services LLC

NEW Registered Office Address:

155 OFFICE PLAZA DRIVE, 1ST FLOOR

Tallahassee, FL 32301

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.

[Signature]  
Signature of a member or authorized representative of a member

Jessica Scholl  
Printed or typed name of signer

*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]  
Signature of Registered Agent

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