13000/64527

(Requestor's Name)			
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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Peaux Boy Enterprise		
	Name of Limited	Liability Company	
Dear Sir or l	Madam:		
The enclose	d Registered Agent/Registered Office Ch	nange and fee(s) are submitted f	or filing.
Please return	n all correspondence concerning this mat	ter to the following:	
Beaux	A. Webre		
	Name of Person	····	
Peaux	Boy Enterprises LLC		201
	Firm/Company		
68 Soi	uth Blue Heron Drive		OIH JAN 21
	Address		35
Santa	Rosa Beach, FL 3245	69	PH 2: 34
	City/State and Zip Code		· ·
•	boy80@gmail.com dress: (to be used for future annual report notification))	
For further i	nformation concerning this matter, pleas	e call:	
Beaux	A. Webre at (8	50 ,714-4045	
	Name of Person	Area Code & Daytime Telephone	Number
Regi: Divis Clifte 2661 Talla	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Encl	losed is a check for the following amou	int:	

□ \$55 Filing Fee & Certified Copy

 G^{n}

■ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: PEAUX BOY	ENTERPRISES LLC	
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	67 East Georgie Street Santa Rosa Beach, FL 32459	
December 02, 2013 3. Date of filing/registration in Florida	L13000166527 4. Document number	
5. (a) Registered Agent and Registered Office show		la Dent of State
Registered Agent:	Beaux A. Webre	a Dopt. of State.
Registered Office Address:	67 East Georgie Street Santa Rosa Beach, FL 32459	20 0
(b) Enter name of NEW Registered Agent and/o	r NEW Registered Office ac	ddress:
<u>NEW</u> Registered Agent:		<u> </u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	68 South Blue Heron Drive Santa Rosa Beach	∴ Ω Ω ,FL32459
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charthe members of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the Florida street address of to identical. Or, in the case of a nge(s) was/were authorized by herwise provided in the article	the registered office a Florida limited v an affirmative vote of
Beaux A. Webre Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability consignature of Registered Agent	and agree to act in this capac the proper and complete perfo my position as registered age to merely reflect a change in mpany has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.

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