

L13000168473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

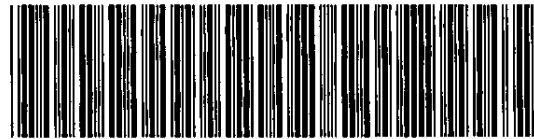
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DIVISION OF CORPORATIONS

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10/18/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Polka Dot Closet LLC
Name of Limited Liability Company

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:

Carol L. Turner

Name of Person

Polka Dot Closet LLC

Firm/Company

851 Walnut Street

Address

Orlando, FL 32806

City/State and Zip Code

PolkaDotFlea@gmail.com

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

For further information concerning this matter, please call:

Carol L. Turner at (407) 758-4225

Name of Person

Area Code & Daytime Telephone Number

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

10/18/16

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: Polka Dot Closet 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**)

851 Walnut St
Orl, FL 32806

851 Walnut St.
Orl, FL 32806

December 5, 2013

L13000/68473

3. Date of filing/registration in Florida

4. Document number

5. (a) Jeremy M. Thompson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 E. Altamonte Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste 1010

Altamonte Springs FL 32701

(b) Carol L. Turner

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

851 Walnut Street

NEW Registered Office Address:

Orlando, FL 32806

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DIVISION OF CORPORATIONS

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.

Carol L. Turner
Signature of a member or authorized representative of a member

Carol L. Turner
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.

Carol L. Turner
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00