## 11300/69355

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D. SCOTT SEP 7 2017

## COVER LETTER

Division of Corporations				
SUBJECT: ELEGANT DRAPERY AND EVENT RENTALS 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:				
LAUREN JACKSON Name of Person				
Firm/Company				
114 BAYOU DRIVE				
NICEVILLE FL 30578 City/State and Zip Code				
E-mail address: Do be used for (uture annual report notification)				
For further information concerning this matter, please call:				
LAURT JACKSON at (850) 797 - 2507  Name of Person Area Code & Daytime Telephone Number 3				
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:				

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$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 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.

l. Na	me of the limited liability company: ELEGANT DRAPER	' AND EVENT RENTALS L
2. [(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Additing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	NICEVILLE, FL 30578 NI	CEVILLE, FL 325
3.	11-25-2013 L 1300 Date of filing/registration in Florida 4.	00 169 355 Document number
5. (a)	TALKSON, LAUR FINK Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	1014 AIRPORT RD #105 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	·
	DESTIN FL 32541	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	IIII RAVAL DONE	
	NEW Registered Office Address:	
	NICEVILLE FL 325 78	3 ω
the cha agent w was/we	mited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability con	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat	ure the member of authorize frepresentative of a member	Printed or typed name of signee
provision the oblication to mere	y accept the appointment as registered agent and agree to act in this captons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address. I hereby confirm that in writing of this change.	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatur	e of Registered Agent	·