L13000178550

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800274722008

800274722008 07/07/15--01016--007 **25.00

FILED
2015 JUL -1 P 12: 1
SECRETARY OF STATI

JUL 08 2015

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI			LLC Liability Company			
Door S	ir or Madam:					
The en	nclosed Registered Agent/Registered Office Ch	ange ar	nd fee(s) are submitted for filin	g.		
Please	return all correspondence concerning this matter	ter to th	e following:			
BETT	TY L BARBATSULY					
	Name of Person					
	Firm/Company					
4333	N OCEAN BLVD BN5					
	Address			SE(2015	
DELF	RAY BEACH, FL 33483			AHA AHA	J	ea.
····	City/State and Zip Code			ARY	2015 JUL -7	
KATI	EBARBATSULY@GMAIL.COM			E.F.	ט־	
I	E-mail address: (to be used for future annual re	port no	tification)	RETARY OF STATE AHASSEE, FLORID	$\dot{\Sigma}$	•
For fu	rther information concerning this matter, pleas	e call:		Dril A	2	
BETT	TY L BARBATSULY	516	532-9565			
	Name of Person	·	Area Code & Daytime Tel	lephone l	Numbe	r
	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 Fallahassee, Florida 32314			
	Enclosed is a check for the following amount	unt:				
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Co	ру		

INHS18 (2/14)

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. Na	ume of the limited liability company: DETAILS DEL	UXE C	ECOR &	DESIGN	LLC		
2. (a)	4333 N OCEAN BLVD	(b) 4333 N OCEAN BLVD					
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability c (Note: MAY BE POST OFFICE					
	BN5	_	BN5				
	DELRAY BEACH, FL 33486 33483	_	DELRAY	BEACH,	FL 33486	5	3348
	DECEMBER 31, 2013		L1 300017	8550			
3 ,	Date of filing/registration in Florida	4.		Document	number		
i. (a)	SANDY SWANSON						
· (u)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	:			
	4034 PALO VERDE DRIVE						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	,				
	BOYNTON BEACH ,FL	33436			TAI SI	9 <u>9</u> 1	
(b)	KATHRYN BARBATSULY				CRET	7 11 -10	77
, ,	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:		AR) (SSI	ٺ	
	4333 N OCEAN BLVD				in G	U	
	NEW Registered Office Address:	·····			SZ	12.	
	BN5					~	
	DELRAY BEACH , FL	33436	331	183			
ne cha gent v vas/we he arti Signat	mited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ure dia member or authorized representative of a member	the regist bility con the limi imited li	tered office mpany, it is ted liability ability com	and the bus hereby con company c pany. Printed or typ	siness office firmed that or as otherw ATS and name of signer	e of the the chrise pro	e registered ange(s) ovided in
he obli o mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act performa for in C ereby co	in this capa nce of my d hapter 605, nfirm that t	city. I furth uties, and I F.S. Or, if he limited l	ner agree to am familia this docum iability com	comp r with ent is pany l	ly with the and accept being filed as been

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