

L14000042942

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AUG 20 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thy Good Eye Design, 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:

JASON WEEKS

Name of Person

Thy Good Eye Design, LLC

Firm/Company

130 NE 23rd Street, Apt 3

Address

Miami FL 33137

City/State and Zip Code

thygoodeye@gmail.com

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

For further information concerning this matter, please call:

JASON WEEKS

Name of Person

at (305) 458-9039

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

**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: Thy Good Eye Design, LLC

2. (a) 130 NE 23rd Street (b) 130 NE 23rd Street

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

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

Apt 3
Miami, FL 33137

Apt 3
Miami, FL 33137

3. March 14, 2014
Date of filing/registration in Florida

4. L14000042942
Document number

5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

(b) Rebecca Guillou
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4978 NW 64th Drive
NEW Registered Office Address:

Coral Springs, FL 33067

_____, FL _____

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14 AUG 14 AM 11:04
TALLAHASSEE, FLORIDA

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

JASON WEEKS
Printed or typed name of signee

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