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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Harne)
(Document Number)
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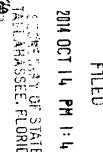
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11/10/14 Ur RA/RO Change 950-245-6013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2014

JOANNE & CHAR RIVERA LITTLE O'S 18135 CANAL POINTE ST TAMPA, FL 33647 US

SUBJECT: LITTLE O'S, LLC Ref. Number: L14000055874

- Puck uphate register Agent to Joanne Rivera and the foliating Accounts.

We have received your document for LITTLE O'S, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You may designate only one individual as the registered agent. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 514A00023331



October 24, 2014

CMAR RIVERA LITTLE O'S 18135 CANOE POINTE ST. TAMPA, FL 33647 US

SUBJECT: LITTLE O'S, LLC Ref. Number: L14000055874

We have received your document for LITTLE O'S, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 914A00022827

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Little O'S	
SUBJECT: Name of Limited Liability	Сотрапу
Dear Sir or Madam:	·
The enclosed Registered Agent/Registered Office Change and fee(s) a	re submitted for filing.
Please return all correspondence concerning this matter to the following	ng:
Name of Person	
Firm/Company	
18135 CANAL Points St. Address	
Tampa FL 33 LY) City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (958) Area	+83-32+3 Code & Daytime Telephone Number
Registration Section Registration Division of Corporations Division of Clifton Building P.O. Box 6	f Corporations
Enclosed is a check for the following amount:	
□ \$55 Filing Fee Paid □ \$55 Filing	Fee & Certified Copy
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.

Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) The limited liability company: (Nate: MUST BE STREET ADDRESS) The limited liability company: (Nate: MAY BE POST OFFICE BOX) The limited liability company: (Nate: MAY BE POST OFFICE BOX) 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 of 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 lower authorized by an affirmative vote of the members of the limited liability company. Signature of a member described proper and complete gerformance of my duller, and in minutar with and accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisitors of all stanties relative to the proper and complete gerformance of my duller, and an immittar with and accept the objections of all stanties relative to the proper and complete gerformance of my duller, and an immittar with and accept the objections of all stanties relative to the proper and complete gerformance of my duller, and an immittar with and accept the objections of all stanties relative to the proper and complete gerformance of my duller, and an immittar with and accept the objections of all stanties relative to the proper and complete gerformance of my duller, and an immittar with and accept the objections of all stanties relative to the proper and complete gerformance of my duller, and an immittar with and accept the objections of all stanties to see the second office and the second office and the second office and t	1. Name of the limited liability compa	iny: <u>Little (</u>) <u> </u>	<u> </u>	
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)