

L 14 000064357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

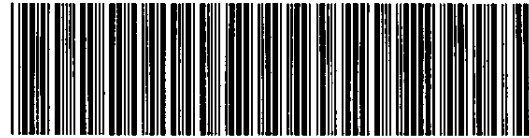
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2014

LESLEY AUDIOIRE
ARTISTIC STAGING SOLUTIONS LLC
673 CRANEBROOK CT.
OVIDO, FL 32766

SUBJECT: ARTISTIC STAGING SOLUTIONS LLC
Ref. Number: L14000064357

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Cornell
Regulatory Specialist III

Letter Number: 414A00025066

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artistic Staging Solutions
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:

Lesley Audoire
Name of Person

Artistic Staging Solutions LLC
Firm/Company

673 Cranebrook Ct.
Address

Oviedo, FL 32766
City/State and Zip Code

Artisticstagingolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lesley Audoire at (407) 924-9861
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

**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: Artistic Staging Solutions LLC

2. (a) 673 Cranebrook Ct. (b) 673 Cranebrook Ct.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Oviedo FL 32766

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Oviedo, FL 32766

3. 4-21-2014 4. L14000064357
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Ct. A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

(b) Lesley Audoire

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

673 Cranebrook Ct.

NEW Registered Office Address:

Oviedo, FL 32766

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.

See Below

Signature of a member or authorized representative of a member

Lesley Audoire, AMBR

Printed or typed name of signed

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.

Lesley Audoire

Signature of Registered Agent

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

FILING FEE: \$25.00