

L 14 0000 7558 7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Wrong form*

Office Use Only



200278410532

200278410532  
10/26/15--01043--019 \*\*35.00

FILED  
15 NOV 25 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 30 2015

J SHIVERS

20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2015

ANA MEIRA  
7560 NE 64TH ST B510  
MIAMI, FL 33138

SUBJECT: HOUSE OF SENSES, LLC  
Ref. Number: L14000075583

We have received your document for HOUSE OF SENSES, 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):

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

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 315A00022796

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** House of Senses LLC  
Name of Corporation

**DOCUMENT NUMBER:** L14000075583

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Meira

Name of Contact Person

House of Senses LLC

Firm/Company

750 NE 64th St, B510

Address

Miami/Florida, 33138

City/State and Zip Code

ana@houseofsenses.com

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

For further information concerning this matter, please call:

Ana Meira

Name of Contact Person

at ( 786 ) 5546555

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: House of Senses

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

750 NE 64th St, B510

33138, Miami, Florida

Mailing address of limited liability company:

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

05/09/2014

L14000075583

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

**INCORP SERVICES INC**

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

(b) Ana Meira

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

Ana Meira


**NEW** Registered Office Address:

750 NE 64th St, B510

Miami, FL 33138

FILED  
15 NOV 25 PM 4: 26  
SECRETARY OF STATE  
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 of a member or authorized representative of a member

Ana Meira

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 of Registered Agent