## 114000081345

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2016

VANESSA ABRAMOWITZ 9705 E BROADVIEW DRIVE BAY HARBOR ISLANDS, FL 33154

SUBJECT: LAUGH LIVE LOVE JEWELRY LLC

Ref. Number: L14000081345

We have received your document for LAUGH LIVE LOVE JEWELRY LLC and your check(s) totaling \$105.00. 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 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.

Shelia H Young Regulatory Specialist II

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Letter Number: 516A00005422

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Laugh Live Love Jewelry, CCC Name of Limited Liability Corkpany		
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:		
Vanessa Abramow; tz Name of Person		
Lough Live Love Tewelry, LCC Firm/Company		
9705 E Broadview Dr Address		
Bay Harbur Islands FL 33154 City/State and Zip Code		
Vfabramowitz@gmail.Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Vanes 5a Abramowtz at (305) 926-5039  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		
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

rioriaa.	
1. Name of the limited liability company:augh_	Live Love Tewelry, LLE
2. (a) 9705 E Broadview Dr	(b) 9705 E Broadview Dr
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Bay Harbor Islands	Buy Harbor Islands, RC
FC, 33154	<u> </u>
,	
5/20/2014	L1400008134I
3. Date of filing/registration in Florida	4. Document number
5. (a) United States Consumation	Agents, Inc
Registered Agent and Registered Office shown on the records of the	
13302 Winding Oak Count	ā, suite A
Registered Office Address (MUST BE FLORIDA STREET A	
Jamon .FL	33612
	33.8/
(b) Vanersa Abramowitz	
Enter name of NEW Registered Agent and/or NEW Registered (	Office address:
OTAT TO A . D.	· · · · · · · · · · · · · · · · · · ·
9705 E Broadview Or NEW Registered Office Address:	5. 5
NEW Registered Office Address:	
Bay Harbor Islands, FL	33154
If the limited liability company is not organized under the law	ws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of a agent will be identical. Or, in the case of a Florida limited lia	the registered office and the business office of the registered
was/were authorized by an affirmative vote of the members of	of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the l	
Signature of a member or authorized representative of a member	Vanesa Abrumowitz  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 provision 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

Signature of a member or authorized representative of a member