

L14 000123007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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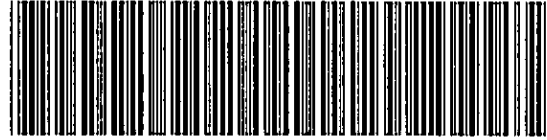
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: alex dasher, 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:

TRACIE BROWN

Name of Person

alex dasher, llc

Firm/Company

1428 S. LAKESIDE DRIVE APT 25

Address

LAKEWORTH BEACH, FL 33460

City/State and Zip Code

TRACIE@ALEXANDASHER.COM

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

For further information concerning this matter, please call:

TRACIE BROWN

Name of Person

at (561) 716-2163

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: alex & ashley, LLC

2. (a) 1428 S. LAKESIDE DR NE

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

APT. 25 LAKE WORTH BEACH, FL 33460

(b) 1428 S. LAKESIDE DR.

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

APT. 25 LAKE WORTH BEACH, FL 33460

3. 8/6/2014 Date of filing/registration in Florida

4. L14000123007 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAN BLVD. SUITE 36 ORLANDO, FL 32822

(b) TRACIE M. BROWN

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

1428 S. LAKESIDE DR. APT. 25 LAKE WORTH BEACH, FL 33460

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FILED

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

TRACIE M. BROWN Printed or typed name of signer

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