

L14000 123862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

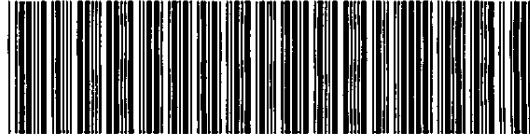
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AUG 11 2016  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 25 PM 2:55



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2016

MICHAEL S STURGEON  
1334 S KILLIAN DRIVE #3  
LAKE PARK, FL 33403

SUBJECT: BARBARA BAY CUSTOM DECORATING WORKROOM LLC  
Ref. Number: L14000123862

2016 AUG -8 PM 2:14  
TALLAHASSEE, FLORIDA

We have received your document for BARBARA BAY CUSTOM DECORATING WORKROOM 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 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

Letter Number: 516A00015761

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 25 PM 2:55

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Barbara Bay Custom Decorating Workroom  
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:

Michael S Sturgeon  
Name of Person

Barbara Bay  
Firm/Company

1331 S Killian Dr, C  
Address

Lake Park, FL 33403  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael S Sturgeon at ( 561 ) 840-3445  
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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 25 PM 2:55

**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: Barbara Bay Custom Decorating Workroom

2. (a) 1331 S Killian Dr, C

Principal office address of limited liability company:

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

Lake Park, FL 33403

(b) \_\_\_\_\_

Mailing address of limited liability company:

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

SAME

3. 8/7/14

Date of filing/registration in Florida

4. L1400012386Z

Document number

5. (a) ~~Michael S Sturgeon~~

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

~~1331 S Killian Dr, C~~

~~Lake Park~~, FL ~~33403~~

(b) Michael S Sturgeon

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

1331 S Killian Dr, C

**NEW** Registered Office Address:

Lake Park, FL 33403

US Corporations Agent, inc

1330Z Windy Octet  
A

Tampa FL 33612

FILED  
JUL 25 PM 2:55  
TALLAHASSEE, FLORIDA

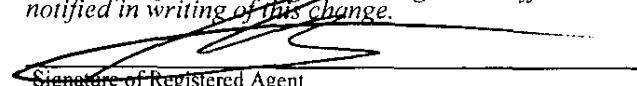
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Michael S Sturgeon

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