L14000/26214

(Re	equestor's Name)	
(Ac	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Only	1



07/27/20--01076--012 **25.00



JQ 09/21/20

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:

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:

Firm/Company

1316 Address

0. FL 327

City/State and Zip Code

STEPHEN C RCS OUT LET, COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

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

467 <u>359-0568</u> Area Code & Daytime Telephone Number at (

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: RELIPPLE CREATION SUPPLIES LLC
2. (a) (b)
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
1316 CARPENTER BRANCH CT. 1316 CARPENTER BRANCH CT
OVIEDO, FC. 32765 OVIEDO, FL. 32765
<u>FEB, 01, ZO20</u> Date of filing/registration in Florida 4. <u>L1400612.6214</u> Document number
5. (a) UNITED STATES CORPORTION AGENTS, TAC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORDATION ACENTS, INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SEMORAN BLVD STE36
GRLANDO
(b)
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
STEPHEN HONS, RELIABLE CREMATION SOME TO STEPHENE OFFICE Address:
1316 CARPENTER BRANCH CT
<u>GVIEDO</u> <u>FL 32765</u>
f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the hange or changes are made, the Florida street address of the registered office and the business office of the registered gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) vas/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 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

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00