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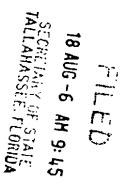
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

	egistration Section vivision of Corporations					
cup uco	BABYBORNTO LLC					
SUBJEC	•	Name of Limited Liability Company				
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning this	s matter to the	following:			
SABRIA	MCELROY IDARRAGA					
	Name of Person					
BABYB	ORNTO LLC					
	Firm/Company					
2001 H	OLLYWOOD BLVD, #211					
	Address					
HOLLY	WOOD, FL 33020					
	City/State and Zip Code		<u> </u>			
sabria@	borntobeapparel.com					
E-m	ail address: (to be used for future annu	ial report notif	lication)			
For furthe	er information concerning this matter, p	please call:				
Andres	ldarraga	401 at (359-3604			
	Name of Person	(Area Code & Daytime Telephone Number			
R D C 2	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	Re Di P.e	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314			
E	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

l Na	me of the limited liability company:	TO LLC	
	BABYBORNTO LLC	(b)	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2001 HOLLYWOOD BLVD, #211		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HOLLYWOOD, FL 33020		
	08/26/2014		
3. 5. (a)	Date of filing/registration in Florida MCELROY IDARRAGA, SABRIA	4.	Document number
	Registered Agent and Registered Office shown on the records of MCELROY IDARRAGA, SABRIA	the Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET 401 EAST LAS OLAS BLVD.	ADDRESS)	18 AL SECRE ALLAH
	FORT LAUDERDALE, FI	33301	- 1 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6
	MCELROY IDARRAGA, SABRIA		OF ST
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	9: 45
	MCELROY IDARRAGA, SABRIA		
	NEW Registered Office Address: 2001 HOLLYWOOD BLVD, #211		
	HOLLYWOOD FI	33301 	
he cha igent v was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered iability compan of the limited li e limited liabilit	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Signat	ure of a member of a member		Printed or typed name of signec
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing assistent ange.	ree to act in thi e performance o ed for in Chapto hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signatu	re of Registered by the rest of Registered by the Regist		

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