14000/36218

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2015 JUL 13 PH 3: 46
SECRETARY OF STATE

K. SALY EXAMINER JUL 14 2015

COVER LETTER

	egistration Section ivision of Corporations						
SUBJECT	Draped LLC						
Name of Limited Liability Company							
Dear Sir o	r 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:							
Naomi C	C Ghani						
	Name of Person		_				
Draped LLC							
	Firm/Company		-				
10401 P	ost Office Blvd #621251						
	Address						
Orlando	, FL 32832						
	City/State and Zip Code						
DRAPE	DLLC@gmail.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Naomi G	Bhani	202	239-7776				
	Name of Person		Area Code & Daytime Telephone Number				
Ro Di Cl 26	rregistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Re _i Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314				
E	Enclosed is a check for the following amount:						
2	\$25 Filing Fee	□ \$5	5 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 Florida.

1. Na	ume of the limited liability company: Draped LLC			
2. (a)	9441 Dowden rd.	(b) 10401 Post Office Blvd		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	#12305	Box #6	Box #621251 Orlando, Florida 32862	
	Orlando, Florida 32832	Orlando		
	September 02, 2014	L14000136218		
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Naomi C Ghani			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	tte:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9072 Dowden Rd #202		- 2011	
	Orlando , FL	32827	TILEI SALIS PA	
(b)	Naomi C Ghani Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	FILED 2015 JUL 13 PH 3: 46 TALLAHASSEE FLOWIN	
	NEW Registered Office Address:		-	
	9441 Dowden Rd suite #12305		_	
	Orlando	32832		
the cha agent v was/we the arti Signal	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of cles of organization or the operating agreement of the formula of a member or authorized representative of a member o	ws of the State of F f the registered offic ability company, it of the limited liabili limited liability co Naomi Ghar	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. Printed or typed name of signee	
noujied	ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	perjormance of my d for in Chapter 60 hereby confirm tha	vautes, and I am Jamiliar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been	