## L14000139127

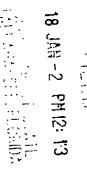
(Requestor's Name)			
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S. WARREN JAN 03 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Lynn and Lace Bootque  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:				
Savanna Kojanowski Name of Person				
Lynnand Lace Boutique Firm/Company				
7457 lithia Pinecrest Rd. Address				
Lithia, FL 33547 City/State and Zip Code				
Lynnand Lace © outlook. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Savanna Kolanowski at (813) 508-1931				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 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.

rioriae	7.	•	
1. Na	ume of the limited liability company: Lynnanc	id Lace Bounque	
			d.
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Lithia PL 33547	Lithia FZ 33547	
	•		
•	09/08/2014	<u>L14000139727</u>	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)		ha Planida Dant of State	
	Registered Agent and Registered Office shown on the records of the	•	
	S915 Hinson Acres Trail Registered Office Address MUST BE FLORIDA STREET ADD		
	Registered Office Address Sizes BET LONDA STREET ADD	<u>uumasi</u>	
	Durant ,FL_	33530	
(b)	Savanna Kolanowski		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Of	Office address:	
	- · · · · · · · · · · · · · · · · · · ·	d. P	
	7451 11thia Pinecrest Rd	<u> </u>	
	NEW Registered Office Address:	$oldsymbol{arphi}$ . $oldsymbol{arphi}$	
	<del></del>		
	lithia	22617	
	TITYTICI FL.	33547	
		s of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered	
agent v	vill be identical. Or, in the case of a Florida limited liabi	bility company, it is hereby confirmed that the change(s)	
the arti	cles of organization or the operating agreement of the lin	f the limited liability company or as otherwise provided in limited liability company.	
	grama Julius Sin	Savanna Kolanowski Printed or typed name of signce	
	,		
I here provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f ely reflect a change in the registered office address. I her d in writing of this change.	te to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been	