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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| Strong Stitch LLC SUBJECT: | | |
| | 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 m | | |
| Anna Lanette Strong | | |
| Name of Person | | |
| Strong Stitch LLC | | |
| Firm/Company | | |
| 5115 Lake Deeson Woods Ct | | |
| Address | | |
| Lakeland, FL 33805 | | |
| City/State and Zip Code | | |
| lanette_Strong@hotmail.com | | |
| E-mail address: (to be used for future annual r | report notification) | |
| For further information concerning this matter, plea | ise call: | |
| Anna Lanette Strong | 863 698-1858 | |
| 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 amo | unt: | |
| ☑ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | |
| NHS18 (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. 1 | Name of the limited liability company: Strong Stitch | LLC ———— | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) |) | (b) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 5115 Lake Deeson woods ct | | |
| | Lakeland, FL 33805 | | |
| | October 8, 2019 | L1400 | 0163520 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | United States Corporation Agents, INC | | |
| <i>J.</i> (a | Registered Agent and Registered Office shown on the records of United States Corporation Agents, INC | · | State: |
| | Registered Office Address (MUST BE FLORIDA STREET A | ADDRESS) | |
| | 5575 S. Semoran Blvd Suite 36 | | |
| | Orlando | 32822 | , |
| (b) | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | المراجعة ال المراجعة المراجعة ال |
| | Anna Lanette Strong | | |
| | NEW Registered Office Address: | | — P. 6 元 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | 5115 Lake Deeson Woods ct | | 5: FA |
| | Lakeland . FL | 33805 | —————————————————————————————————————— |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the | the registered of bility company, f the limited liab | fice and the business office of the registered it is hereby confirmed that the change(s) willty company or as otherwise provided in |
| | | Anna L Str | rong |
| | nture of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob. | rby accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided yely reflect alchange in the registered office address. I had in writing of this change. | performance of a Hor in Chapter (| ny duties, and Lam familiar with and accept 605 F.S. Or if this document is being filed |
| Signat. | 150 of Market word Agant | | |
| OIRHUH | re of Megistered Agent | | |