<u>L14000179282</u>

(Re	equestor's Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

LULU'S DESTIN, LLC 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:

Leslie Weeks

Name of Person

Helmsing Leach Herlong Newman & Rouse, PC

Firm/Company

PO Box 2767

Address

Mobile, AL 36652

City/State and Zip Code

Lucy@lulubuffett.com AND LGW@helmsinglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Weeks

251 232-0662

Name of Person

__) _____ Area Code & Daytime Telephone Number

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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 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.

nited liability company: LULU' pal office address of limited liability com Note: MUST BE STREET ADDRESS GENDARY MARINA DRIVE	(прапу:)	b)	Mailing address	of limite	d liabilit	y company:		
oal office address of limited liability com Note: MUST BE STREET ADDRESS	пралу:)		Mailing address	of limite	d liabilit	y company:		
GENDARY MARINA DRIVE				(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		PO BOX		< 413				
FLORIDA 32541		GULF S		HORES, ALABAMA 36547				
0/14, effective 11/17/19		L1400017	9282					
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	records of the Florid	a Dept. of State						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•	2			
4607 LEGENDARY MARINA DRIVE					;; =			
FLORIDA	_{, FL} 32541				ΰI λ.			
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NFW Registered Agent and/or NFW D	Demistaned ()FE as a d				<u>0</u> -	¹		
TEN REPARENT AND MEN N	tegistered Office au	uress			μ Ξ			
BUFFETT								
ed Office Address:								
ENDARY MARINA DRIVE								
	20544							
	, FL							
al. Or, in the case of a Florida street ad- al. Or, in the case of a Florida lin- by an affirmative vote of the me zation or the operating agreemen or authorized representative of a member	er the laws of the dress of the regis mited liability co embers of the limited l of the limited l	stered office ompany, it is lited liability iability com	and the busin hereby confin company or pany. A. Buffe Printed or typed	tess of rmed th as othe mame o	fice of t hat the erwise p	the reg change provide		
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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00