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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| (Only Otto 12 pt 11 one 11) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Business Linuty Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| | vision of Corporations | | | | | | | |
|-----------------------------------|---|--|-----------------------------------|---------------|--------------|--|--|--|
| SUBJECT | Piece by Piece LLC | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| Dear Sir o | r Madam: | | | | | | | |
| The enclos | sed Registered Agent/Registered Off | ice Change a | nd fee(s) are submitted for filin | g. | | | | |
| Please reti | arn all correspondence concerning th | is matter to t | he following: | | | | | |
| David Ja | iner | | | | | | | |
| | Name of Person | | | | | | | |
| Bay Furr | nishings | | | | | | | |
| | Firm/Company | | | 20 | | | | |
| 22129 U | S 19 North | | | 2018 MAR | T] | | | |
| | Address | | | 3 29 | ه. ا ا | | | |
| Clearwa | ter, FL 33765 | | | A 0 20 | に | | | |
| | City/State and Zip Code | | | 2.2 | | | | |
| info@ba | yfurnishings.com | | | ş. 1400 | | | | |
| E-ma | nil address: (to be used for future ann | nual report no | otification) | | | | | |
| For further | r information concerning this matter. | please call: | | | | | | |
| David Ja | ner | 727 at (| 222-3372 | | | | | |
| | Name of Person | | Area Code & Daytime Tel | ephone Number | | | | |
| Re Di Cl 26 | rregistration Section egistration of Corporations ifton Building 61 Executive Center Circle allahassee, Florida 32301 | Section Registration Section Corporations Division of Corporations ing P.O. Box 6327 ve Center Circle Tallahassee, Florida 32314 | | | | | | |
| Eı | nclosed is a check for the following | ; amount: | | | | | | |
| 2 | ■ \$25 Filing Fee ■ \$55 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.

| l. Na | Ime of the limited liability company: | | Pov E | unichinas | | |
|-------------------------------|---|---|---|--|--|--|
| 2. (a) | Bay Furnishings | | (b) Bay Furnishings | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | 22129 US 19 North | | 22129 | US 19 North | | |
| | Clearwater, FL 33765 | _ | Clearw | vater, FL 33765 | | |
| | 12/09/2014 | | L14000 | 191138 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | JANER, DAVID F | | | | | |
| (-) | Registered Agent and Registered Office shown on the records of the 2294 Cumberland Cir. | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | 2 | | | |
| | Clearwater | 33763 | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | A D 211 | | |
| | NEW Registered Office Address: | | ·- | | | |
| | 802 Lasalle St | | | _ | | |
| | Clearwater , FL | 33756 | | | | |
| the cha agent v was/wo | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law or the operation of the law or the | the regist bility confither the limited limite | stered offi impany, it ited liabil iability co | ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. | | |
| <u>G:</u> | | Dav | rid F. Ja | | | |
| | ture of a member or authorized representative of a member | | | Printed or typed name of signee | | |
| provisi the obl to mere | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change. | ee to act perform I for in (ereby co | in this ca ance of m Chapter 6 onfirm tha | ipacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed it the limited liability company has been | | |

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