

L14000 196400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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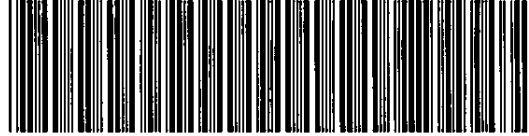
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOAN SAQU, LLC  
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:

STEVE SAQUI

Name of Person

Firm/Company

5342 PARK PLACE CIRCLE

Address

BOCA RATON, FL 33486

City/State and Zip Code

STEVE @ TREND-SETTERS, US

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

For further information concerning this matter, please call:

STEVE SAQUI

Name of Person

at ( 561 ) 213 4652

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: JOAN SAQUI, LLC
2. (a) 5342 PARK PLACE CIRCLE (b) 5342 PARK PLACE CIRCLE  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
BOCA RATON FL 33486 BOCA RATON FL 33486

3. 12/30/2014 Date of filing/registration in Florida 4. L 14800196400 Document number

5. (a) THE COMPANY CORPORATION  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS STREET  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TALLAHASSEE FL 32301  
\_\_\_\_\_, FL \_\_\_\_\_

- (b) STEVE SAQUI  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5342 PARK PLACE CIRCLE  
**NEW Registered Office Address:**  
BOCA RATON, FL 33486

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

JOAN SAQUI  
Signature of a member or authorized representative of a member

JOAN SAQUI  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

STEVE SAQUI  
Signature of Registered Agent

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