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(Requestor's Name)				
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations						
Bomdey Vintage LLC						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning the	is matter to the	following:				
Madeleine Closuit						
Name of Person						
Bomdey Vintage LLC						
Firm/Company		teles.				
183 South Jackson Road						
Address						
Venice FL 34293						
City/State and Zip Code		·				
closuitm@gmail.com						
E-mail address: (to be used for future ann	mal report notif	ication)				
For further information concerning this matter.	please call:					
Madeleine Closuit	941 at (323-4134				
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	Registration Section tions Division of Corporations P.O. Box 6327 ter Circle Tallahassee, Florida 32314					
Enclosed is a check for the following	amount:					
☑ \$25 Filing Fee	□ \$5	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

I. Na	me of the limited liability company: BOMDEY VIN	NTAGE	LLC		
2. (a)	183 SOUTH JACKSON ROAD	(b) 183 SO		SOUTH JACKSON ROAD	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) VENICE FL 34293		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) VENICE FL 34293		
			VEINI	OE FL 34293	
	JAN 9 2015		L1500	0004897	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC			
J. (a)	Registered Agent and Registered Office shown on the records of 13302 WINDING OAKS COURT	the Florid	a Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE A	ADDRES	<u>S)</u>		
	TAMPA , FL	33612		——————————————————————————————————————	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	<u>ldress</u> :	EB 26 PH 12: 2	
	REGISTERED AGENTS INC.	· · · ·		<u> </u>	
	NEW Registered Office Address: 3030 N. Rocky Point Drive, STE 150A				
	Tampa , FL	3360	7		
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	f the reg ability c of the lir limited	istered of ompany, nited liab liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
Signat	ture of a member or authorized representative of a member		OLLEI	Printed or typed name of signee	
I herel provisi the obl to mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to ac perforn ed for in hereby o	et in this nance of Chapter confirm t	capacity. I further agree to comply with the	

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

Bill Havre/Assistant Secretary

Signature of Registered Agent