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S. WARREN AUG 2 1 2017

## COVER LETTER . . .

UBJECT: STYLEDGE, LLC Name o	and the Little Company
Name o	t 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 r	
PATRICIA SOLTIS	
Name of Person	<del></del>
Name of Color	
STYLEDGE, LLC	
Firm/Company	
1002 B SOUTH CHURCH STREET	
Address	
#10275 Tamps, FC City/State and Zip Code	_ 33629
City/State and Zip Code	
PATTY.SOLTIS@STYLEDGEFASHION	
E-mail address: (to be used for future annu	ual report notification)
	•
	please call:
For further information concerning this matter,	
For further information concerning this matter,	
For further information concerning this matter,	
For further information concerning this matter,  PATTY SOLTIS  Name of Person	at ( 362-9061 Area Code & Daytime Telephone Number MAILING ADDRESS:
PATTY SOLTIS  Name of Person  STREET/COURIER ADDRESS:	at ( 362-9061 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section
PATTY SOLTIS  Name of Person  STREET/COURIER ADDRESS: Registration Section	at ( ) 362-9061  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations
PATTY SOLTIS  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
PATTY SOLTIS  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations	at ( ) 362-9061  Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations
PATTY SOLTIS  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	at ( 362-9061 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## 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. Name of the limited liability company: 2. (a) 1002 B SOUTH CHURCH STREET  Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)  #10275  TAMPA, FLORIDA 33629  1/23/2015  3. Date of filing/registration in Florida 4. Document number  TIMOTHY J. SWEENEY  Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  3715 WEST BARCELONA STREET  Registered Office Address  (MUST BE FLORIDASTREET ADDRESS)  TAMPA  FL  PATRICIA SOLTIS  Enter name of NEW Registered Agent and/or NEW Registered Office address:  #12302  TAMPA  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at the change or changes are made, the Florida street address of the registered office and the business office of the registered office and the business office of the registered sulhorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company.  Patry Soltis  Priced or typed name of signce  Fricated ryped name of signce  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we have only the appointment as registered agent on of Chapter 605. F. Or. if the Course in the not merely organized and an aminitary with and provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of all statutes relative to the proper and complete perfo	Florida.	STYLEDGE, LI	_C	
#10275  TAMPA, FLORIDA 33629  1/23/2015  L15000014140  Document number  TIMOTHY J. SWEENEY  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  3715 WEST BARCELONA STREET  Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  TAMPA  FL 33629  PATRICIA SOLTIS  Enter name of NEW Registered Agent and/or NEW Registered Office address:  #12302  TAMPA  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that af the change or changes are made, the Florida street address of the registered office and the business office of the registered was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company or as otherwise provide the obligations of my position as registered agent and agree to act in this capacity. I further agree to comply we have of the obligations of my position as registered agent and complete performance of my duties, and I am familiar with and to other profect a change of the proper and complete performance of my duties, and I am familiar with and to other profect and registered office address, I hereby confirm that the limited liability company has notified in writing of this elegation.	I. Nam	e of the limited liability company:		
#10275  TAMPA, FLORIDA 33629  1/23/2015  Interpretation in Florida  Interpr	2. (a) 1	002 B SOUTH CHURCH STREET	(b)	Mailing address of limited liability company:
1/23/2015  1/23/2015  Date of filing/registration in Florida  5. (a)  TIMOTHY J. SWEENEY  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  3715 WEST BARCELONA STREET  Registered Office Address  MUST BE FLORIDA STREET ADDRESS  TAMPA  FL  33629  PATRICIA SOLTIS  Enter name of NEW Registered Agent and/or NEW Registered Office address:  4207 S. Dale Mabry Hwy.  NEW Registered Office Address:  #12302  TAMPA  FL  33611  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that all the individed of the case of a Florida limited liability company, it is hereby confirmed that the change agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change of the provisions of all statutes relative to of a member of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company.  Patry Soltis  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 the obligations of my position as registered agent and agree to act in this capacity. I further agree to comply the obligations of my position as registered agent and agree to act in this capacity. I further agree to comply the obligations of my position as registered agent and agree to act in this capacity. I further agree to comply the obligations of my position as registered agent and as provided for in Chapter 605, F.S. Or, I find document is bein the obligations of my position as registered agent and as provided for in Chapter 605, F.S. Or, I find document is bein the obligations of my position as registered agent and an international provisions of my position as registered agent and agree to act in this capacity. I further agree to comply the obligations of my position as registered agent and an international provisions of my position as registered agent	_, (-, _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
1/23/2015  Date of filing/registration in Florida  Document number  TIMOTHY J. SWEENEY  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  3715 WEST BARCELONA STREET  Registered Office Address:  MUST BE FLORIDA STREET ADDRESS  TAMPA  FL 33629  PATRICIA SOLTIS  Enter name of NEW Registered Agent and/or NEW Registered Office address:  4207 S. Dale Mabry Hwy.  NEW Registered Office Address:  #12302  TAMPA  FL 33611  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at the change or changes are made, the Florida street address of the registered office and the business office of the registered authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization of the operating agreement of the limited liability company.  Patry Soltis  Finance of a benibe or authorized representative of a member  Printed or typed name of signee  Registered agent and agree to act in this capacity. I further genee to comply we not the proper and complete performance of my duties, and the internal interna		#10275		
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00