

L15000088857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

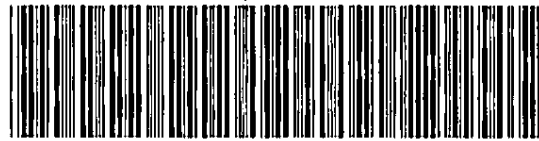
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Dying to cut you
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:

Elizabeth Sarrica
Name of Person

Dying to cut you LLC
Firm/Company

5524 NW White Cap Rd
Address

PS FL 34986
City/State and Zip Code

bethsarrica@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Sarrica at (919) 704-6894
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

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

NO \$

2017 DEC 18 AM 11:24

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: Dyeing to cut you

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1724 SW Bayshore Blvd
PSL 34984

5824 NW Whitecap Rd
PSL 34986
4150008855

3. 5-19-2015 Date of filing/registration in Florida 4. _____ Document number

5. (a) Dawn Gradwell
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

622 SW Kenyon St
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PSL FL 34983
_____, FL _____

(b) Elizabeth Sarrica
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1724 SW Bayshore Blvd
NEW Registered Office Address:
PSL FL 34984
_____, FL _____

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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.

Dawn Gradwell Dawn Gradwell
Signature of a member or authorized representative of a member 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.

Elizabeth Sarrica
Signature of Registered Agent