

L150000 9/838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

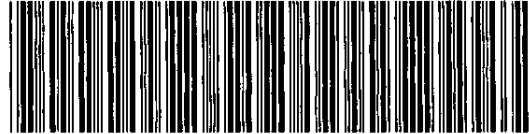
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Home Away From Home Event Planning Services 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:

Keana Berry
Name of Person

Your Home away From Home Event Planning Services LLC
Firm/Company

3448 NW 13th Street
Address

Fort Lauderdale FL, 33311
City/State and Zip Code

Unknown-Unknown8228@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keana Berry at (305) 785-5095
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

**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: Your Home Away From Home Event Planning Services LLC

2. (a) _____
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

2400 NW 28th Street
Sunrise Fl. 33313

(b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

2400 NW 28th Street
Sunrise Fl. 33313

3. May 26, 2015
Date of filing/registration in Florida

4. L15000091838
Document number

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

Keana Berry
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

2400 NW 28th Street
Sunrise, FL 33313

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

Keana Berry
NEW Registered Office Address:
6400 NW 28th Street
Sunrise, FL 33313

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.

Tasha Bailey
Signature of a member or authorized representative of a member

Tasha Bailey
Printed or typed name of signer

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.

Keana Berry
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA