L1500	5109530				
(Requestor's Name) (Address) (Address)	300277027913				
(City/State/Zip/Phone #)	03/28/1501009017 **25.00				
Certified Copies Certificates of Status Special Instructions to Filing Officer: MCOG form	PILED 2015 OCT 16 P 4: 22 TARY OF STATE ANASSEE FLORIDA				
	OCT 1 9 2015 S MASON				

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2015

LISA R. SHEMESH 110 QUAYSIDE DRIVE JUPITER, FL 33477

SUBJECT: THE ELEGANT HOSTESS, LLC Ref. Number: L15000107530

We have received your document for THE ELEGANT HOSTESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 115A00020587

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

14H Stacey M Mason

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:	The Elegant Hostess, LLC
	Name of Limited Liability Company

Dear Sir or Madam:

4 -

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISA Shenresh Name of Person

he Elegant Hostess

QUUYSIde DR Address

Jupiter Fl 33477 City/State and Zip Code

The Elegant Hostess@gmail. (Om E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (914) 260-18576 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:

S25 Filing Fee

INHSI8(2/14) Check was already received

□ \$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. Na	me of the limited liability company:	<u>Elega</u>	nt f	ostes	s L	L	
2. (a)		ر (b)	•				
(_/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. <u> </u>		ng address ote: MAY			
	110 QUAYSIde DR						
	FI 33477					<u>-</u>	
	Date of filing/registration in Florida			.150	001	<u> 27</u>	530
3.	Date of filing/registration in Florida	4.	Do	cument n	umber		
5. (a)	Heid P. LCIN	·					
	Registered Agent and Registered Office shown on the records of the	ne Florida Depi	t. of State:	~	1 7-1	10	
	_ 146 REMO PL Palm B	each i	Garden	1st	1 334	18	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>		,			
	FL					D1	
						1915	
(b)	LISA Shemesh				2275	8	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	:			ЧI	
	110 Quayside DR				Y OF		1 T
	NEW Registered Office Address:				101	D E	Ŷ
	Jupiter				ALE ALDA	23	
	, FL	3347	7				
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	the registere bility compa f the limited	d office an any, it is he liability co	d the bus reby conf ompany of	iness offi irmed th	ce of th at the c	he registered hange(s)
ine uiti	Hence R Shemach				Sh	ma	5
Signat	ture of a member or authorized representative of a member		Pr	SA R	ed name of	signee	<u>.</u>

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.

0 Ush . . Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00