## L15000111436

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



800277113188

09/17/15--01019--010 \*\*160.00



SEP 18 2015 J SHIVERS

## COVER LETTER

TO: Registration Section Division of Corporations	•									
, commented to permitted										
SUBJECT: Thou Art, LLC										
Name of Limited Liability Company										
Dear Sir or Madam:										
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.									
Please return all correspondence concerning thi	s matter to the following:									
lan G. Bacheikov, Esq.										
Name of Person										
Law Office of Ian G. Bacheikov, P.A.										
Firm/Company										
945 Pennsylvania Avenue, 1st Floor										
Address										
Miami Beach, Florida 33139										
City/State and Zip Code	<del></del>									
ian@bacheikov.com										
E-mail address: (to be used for future annu	ual report notification)									
For further information concerning this matter,	please call:									
lan Bacheikov	_ at (305 ) 249-8000									
Name of Person	Area Code & Daytime Telephone Number									
STREET/COURIER ADDRESS:	MAILING ADDRESS:									
Registration Section	Registration Section									
Division of Corporations	Division of Corporations									
Clifton Building	P.O. Box 6327									
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301										
Enclosed is a check for the following amount:										
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy									

INHS18 (2/14)

## 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	une of the limited liability company: Thou Art, LLC							
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Ma (	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	Oakland Park, Florida 33334		<u>+t.</u>	Lauder	rdale, Florid	<u>1a 33308</u>		
2	7/1/2015	-	L150	000111	<del></del>			
3.	Date of filing/registration in Florida	4.		U	Ocument num	iber		
5. (a)								
	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept.	of State:				
	701 4th Street		·· <b>-</b> ·-					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					٠,		
	Suite 201					27	រដ្ឋា ម៉ា	
	Miami Beach , FL	3313	9			三	SEP	; ;
(b)	lan G. Bacheikov, Esq.					17.5 - 17.6 17.5 - 17.6 17.5 - 17.6 17.5 - 17.6	17	4
	Enter name of NEW Registered Agent and/or NEW Registered	Office 8	<u>ddress</u> :					
	945 Pennsylvania Avenue						8: 5 <sup>;</sup> J	E see
	NEW Registered Office Address:					3.5		
	1st Floor							
	Miami Beach .FL	2212	o.					
	Wildriff Beach , FL	3313	5	<del></del>				
the charagent was/w	imited liability company is not organized under the lave ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the li	gistered compai mited i l liabili	d office a ny, it is l liability ity comp	and the busine hereby confirm company or a	ess office o med that th s otherwise	of the ro e chan e provi	egistered ge(s) ded in
Signa	ature of a member or authorized representative of a member				Printed or typed i			
provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It d'in writing of this change.	ree to a perfor d for ir hereby	ct in th mance Chap confiri	nis capac of my di ter 605, m that th	city. I further uties, and I an F.S. Or, if thi ee limited liab	agree to c n familiar v is documen ility compo	omply with an it is be any has	with the ad accept ing filed s been