badiment of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000153602 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : BEGGS & LANE Account Number : 120020000155

Phone

: (890)432-2451

Fax Number

: (850)469-3331

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE ERIKA M POWELL TEXTILES, LLC

Certificate of Status	U
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SCOTT

MAY 10 2019

Electronic Filing Menu

Corporate Filing Menu

Help

THE TO P 2 37

(((H19000153602 3)))

COVER LETTER

TÖ:	Registration Section		
	Division of Corporations		

SUBJECT: ERIKA M POWELL TEXTILES, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Stephen D. Wilson.	`
	Name of Person
Beggs & Lane, RLI	_P
	Firm/Company
501 Commendenci	a St.
	Address .
Pensacola, FL 32502	2
Ci	ty/State and Zip Code
SDW@BeggsLane	.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen D. Wilson, Esq. at (850) 202-3342

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 \$Certified Copy

INHS18 (2/14)

(((H19000153602 3)))

(((H190001536023)))

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.

I. Na	ame of the limited liability company: ERIKA M	A POWELL T	EXTILES, LLC
2. (a)	1027 Bay Drive, Santa Rosa Beach, FL Principal office address of limited liability compa (Nata: MUST BE STREET ADDRESS)		(b) 1027 Bay Drive, Santa Rosa Beach, FL 3245 Mailing address of limited liability company: (Nuta: MAY BE POST OFFICE ROX)
	6/30/2015		L15000112924
١.	Date of filing/registration in Florida	4.	Document number
(a)	Erika M. Powell		
(-7	Registered Agent and Registered Office shown on the rec	ords of the Florid	da Dept. of State:
	1027 Bay Drive		\$
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRES.	<u>m</u>
	Santa Rosa Beach	22450	E FLORIDA
	Santa Rosa Beach	, FL_32459	<u>, </u>
(Ъ)	Stephen D. Wilson, Esq.		
(0)	Enter name of NEW Registered Agent and/or NEW Reg	gistered Office at	address:
			
	Beggs & Lane, RLLP		
	NEW Registered Office Address:		
	501 Commendencia St.		
	Pensacola	, FL 32502	!
es/we rest v	inge or changes are made, the Florida street addi vill be identical. Or, in the case of a Florida lim	ress of the regi uited liability o nbors of the lin	te State of Florida, it is hereby confirmed that after gistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in I liability company.
			ika M. Powell
	ture of a member or authorized topresentative of a member		Printed or typed name of signee
herei rovisi he obl meri otifiei	by accept the appointment as registered agent a cons of all statules relative to the proper and con ligations of my position as registered agent as pely reflect a change in the registered office address of this change.	nd agree to ac mplete perform rovided for in ress, I hereby c	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
ignutu	re of Registered Agent	_	
-		B G B 222	N
	Division of Corporations• FILI	P.O. Box 632 ING FEE; 525	

INHS18 (2/14)