

L15000129718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

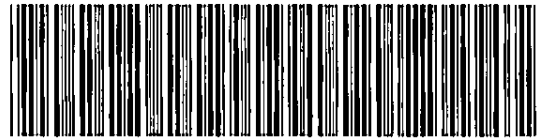
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Signature]
10/27/17

FILED
17 OCT 26 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 10, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Flip Flop Quilt Shop, LLC
L15000129718

Dear Sir or Madam,

I recently sold the building in St Petersburg where my business was located and will be changing the format of Flip Flop Quilt Shop, LLC to an online shop. I have also moved to a new residence. Please change the mailing address to the following:

Flip Flop Quilt Shop, LLC
PO Box 60142
Fort Myers, FL 33906

The physical office address will be my new home address:

Flip Flop Quilt Shop, LLC
5660 Chelsey Lane #201
Fort Myers, FL 33912

I am the Member and Registered Agent so am including the required form and fee to update that information as well.

If there are any questions or if I haven't provided information in the format needed to make these changes please contact me either by email: akstry5@gmail.com or phone: 813-395-3333

Thank you!

Sincerely,

A handwritten signature in cursive script that reads "Andrea K. Strychalski".

Andrea K. Strychalski

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flip Flop Quilt Shop, 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:

Andrea K. Strychalski

Name of Person

Flip Flop Quilt Shop, LLC

Firm/Company

PO Box 60142

Address

Fort Myers, FL 33906

City/State and Zip Code

akstry5@gmail.com

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

For further information concerning this matter, please call:

Andrea K. Strychalski

at (813) 395-3333

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: Flip Flop Quilt Shop, LLC

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

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

5660 Chelsey Lane, #201

PO Box 60142

Fort Myers, FL 33912

Fort Myers, FL 33906

7/28/2015

L15000129718

3. Date of filing/registration in Florida

4. Document number

5. (a) Strychalski, Andrea K

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1010 Central Ave, #105

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

St Petersburg, FL 33705

(b) Strychalski, Andrea K

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5660 Chelsey Lane, #201

NEW Registered Office Address:

Fort Myers, FL 33912

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.

Andrea K. Strychalski
Signature of a member or authorized representative of a member

Andrea K. Strychalski

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.

Andrea K. Strychalski
Signature of Registered Agent

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