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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations

SUBJECT: Bangs And Teeth	Greeting Cards LLC
J Nar	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Ronnie Berg Name of Person	
Bangs And Teeth Greeti	ing Cards
1440 Ocean Dr #8	
Vero Beach, FL 3296. City/State and Zip Code	3
E-mail address: (to be used for future and	and teeth. com nual report notification)
For further information concerning this matter	, please call:
Ronnie Berg Name of Person	at (904) 814 - 5265 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	g amount:
\$25 Filing Fee	S55 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: Bangs And	Teeth Gi	reeting (ards, LLC
2. (a) 1440 Ocean Dr #8		Ocean Dr #8
Principal office address of limited liability company:	· · · / 	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	Vain	(Note: MAY BE POST OFFICE BOX)
Vero Beach, FL 32963	Vero	Beach, FL 32963
09/21/2015 Date of filing/registration in Florida	L150	Document number
5. (a) United States Corporation agents	s, Inc	<u></u>
Registered Agent and Registered Office shown on the records of the	: Florida Dept. of Sta	ate:
Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	
13302 Winding Oak Court :	# A	78 8 S
TampaFL_		EP 2
(b) Ronnie Berg		- SSA
Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address:	
1440 Ocean Dr #8		FLORID
NEW Registered Office Address:		₹*
Vero Beach, FL 32963		_
, FL		
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the literature.	e registered officility company, it the limited liability comitted liability co	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Konni By	Ronnie	
Signature of a member or authorized representative of a member		Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided for merely reflect a change in the registered office address. I herefore in this change.	rtormance of m	v duties, and Lam familiar with and access
Signature of Registered Agent		

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