

L15000 160408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

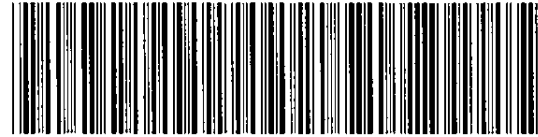
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CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

AMY IGBINOBA
20401 NW 2ND AVE, SUITE 215
MIAMI GARDENS, FL 33169

SUBJECT: IGGI COLLECTION LLC
Ref. Number: L15000160408

We have received your document for IGGI COLLECTION 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):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with 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 Warren
Regulatory Specialist II

Letter Number: 017A00011668

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Iggi collection

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Igbinoba

Name of Person

Iggi collection

Firm/Company

20401 N.W 2nd Ave Suite.215

Address

Miami gardens, fl. 33169

City State and Zip Code

Shopiggi-collection@gmail.com

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

For further information concerning this matter, please call:

Amy Igbinoba

954

6078813

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chilton 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: Iggi Collection

2. (a) 20401 N.W 2nd Ave, Miami gardens, FL 33169 (b) P.O. Box 220408, Hollywood, FL 33022
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

20401 N.W 2nd Ave. SUITE 215

Miami gardens, fl. 33169

3. JUNE 1, 2017 4. L15000160408
Date of filing registration in Florida Document number

5. (a) Amy Igbinoba
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8420 Miramar parkway

Miramar FL 33025

(b) AMY IGBINOBA

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

20401 N.W 2nd Ave

NEW Registered Office Address:

Suite 215

Miami gardens FL 33169

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

Amy Igbinoba

Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent