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CORETARY OF STATE

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OHLIVE Opparals Just 4 U, 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:
Sarap Bufford Name of Person
Unul apparels Just 4 4, LLC
447 Red Hawk 100P Address
Winter Haven 4/ 3.3880 City/State and Zip Code
E-mail address: (ta) be used for future annual report notification)
For further information concerning this matter, please call:
Sattocha Bufflord at (863) 7/2 6537  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: 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:
□ \$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.

rioriaa.
1. Name of the limited liability company: Online apparels Just 4, 4, 4, 4, 4
2. (a) 447 Red Nawk loop Winter Haven (b) 447 Red Nawk loop Winter Haven 7/33880  Principal office address of limited liability company: 71.33880  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
447 Red Hawk bop 447 Red Howk loop
winter there 71. 33880 winter theren 41. 33880
Ocember 4, 2015  Date of filing/registration in Florida  4. Document number
5. (a) United States Corporation agents, INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
AB (According United States Corporation agents, INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 Winding Oaks Court Suite A
Oampa ,FL 33612
(b) Lot To (a Buffer of NEW Registered Office address:
Sationa Bufford
NEW Registered Office Address:  HAT Red Hawk 1000  DEAD TO THE STATE OF THE STATE O
winter Haven , FL 33880
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 of a member or authorized representative of a member  Latocla Bufford  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.
Signature of Registered Agent

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