

416000024968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

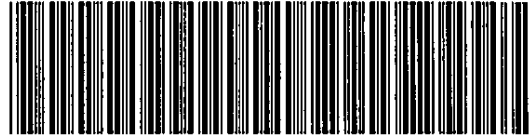
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400289546714

08/29/16--01046--022 **25.00

FILED
16 AUG 29 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

432/16.05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crazy Sock Divas, 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:

Brandi Jaeger

Name of Person

Crazy Sock Divas, LLC

Firm/Company

14 Felshire Lane

Address

Palm Coast, FL 32137

City/State and Zip Code

crazysockdivas@gmail.com

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

For further information concerning this matter, please call:

Brandi Jaeger

Name of Person

at (770) 314.3606

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

FILED
16 AUG 29 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Crazy Sock Divas LLC
2. (a) 14 Felshire Lane Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Palm Coast, FL 32137
- (b) P.O. Box 353563 Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Palm Coast, FL 32135
3. 2-5-16 Date of filing/registration in Florida
4. L16000024968 Document number
5. (a) Jasmine Slaga
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
14 Palm Lane
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Palm Coast, FL 32164
- (b) Brandi Jaeger
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
14 Felshire Lane
NEW Registered Office Address:
Palm Coast, FL 32137

FILED
16 AUG 29 PM 3:10
SECRETARY OF STATE
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.

Brandi Jaeger
Signature of a member or authorized representative of a member

Brandi Jaeger
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.

Brandi Jaeger
Signature of Registered Agent