L16000055215

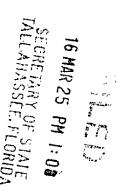
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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MAR 28 2016 J SHIVERS

COVER LETTER

FO: Registration Section Division of Corporations					
•					
777 Designz, LLC UBJECT:					
Name of Li	imited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Phyllis Millis					
Name of Person					
Firm/Company					
398 Golden Arm Road					
Address	•				
Deltona, FL 32738					
City/State and Zip Code	· .				
amillis@gmail.com					
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
Phyllis Millis	386 259-9695				
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				
Tallahassee, Florida 32301	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee	\$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.

1. N	ame of the limited liability company: 777 Designz	LLC		
2. (a)	398 Golden Arm Road	ď	_{b)} 398 Go	lden Arm Road
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Deltona, FL 32738		Deltona	, FL 32738
	3/17/2016		L160000	55215
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jennifer Jacobs			
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Star	te:
				
	Registered Office Address (MUST BE FLORIDA STREET) 3590 Trade Street	ADDRES.	<u>S)</u>	
	Deltona	32738		_
(b)	Phyllis Millis	·		16 / TALLA
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	ldress:	MAR 25 AHASSE
	NEW Registered Office Address:			- 2 P
	398 Golden Arm Road			SIAIT.
	Deltona, FI	32738		
the cha agent was/w the art	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	f the regi iability co of the line limited	istered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
/ I here	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete lightons of my position as registered agent as provide the proper and change in the registered office address, I	ree to ac perform d for in hereby c	t in this cap nance of my Chapter 60 confirm that	pacity. I further goree to comply with the

Signature of Registered Agent