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(Re	equestor's Name)						
(Address)							
(Āc	ldress)						
(Ci	ty/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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COVER LETTER

Division of Corporations						
SUBJECT: Piggy's House Thrift: Name of Limit	Shoppe LLC ed Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to	o the following:					
Sharon Garcia Name of Person						
Piggy's House Thrift Shoppe Firm/Company						
911 26th St Ct E Address						
Palmetto FL 34221 City/State and Zip Code						
Sheherezade 1001@gmail. E-mail address: (to be used for future annual report	notification)					
For further information concerning this matter, please cal	1:					
Sharon Garcia at (7) Name of Person	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 Tallahassec, Florida 32314					
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. Na	me of the limited liability company: Piggy's	Hous	e The	rift s	Shoppe	e LL	<u></u>
	2221 14th St. W.	_ (b)			S+ C		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)	•	1ailing addre	ess of limited I <i>Y BE POST</i>	liability co	
	Bradenton FL 34205	_	Palm	etto	FL	3422	L
	4/1/16 Date of filing/registration in Florida	- · <u>-</u>	L160	0006	5214		
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)	Sharon Garcia						
	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State	•			
	9771 14th St M						
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>					
	Bradenton ,FL	3420	25				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered G</u> 3103 9 th 5 th W 5 ^{te} 10 ²	Office add	ress:				
	NEW Registered Office Address:				2		
	Bradenton ,FL	342			Charles and	6 NUG 15	<i>[</i>
the char agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor the limi	ered office npany, it is ted liability	and the but hereby concerns company	usiness off infirmed th	ice of the rat the	registered ange(s)
	2-/2		Shai	ion G	A/C/G yped name o		
	ure of a member or authorized representative of a member				_	_	
I hereb provision the oblit to mere notified	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act i performa for in Ci ereby coi	in this capa nce of my a hapter 605, nfirm that t	icity. I fur luties, and F.S. Or, he limited	ther agree I am fami if this doc: liability c	to compliar with a ument is lompany h	y with the and accept being filed as been

Signature of Registered Agent