## 116000071384

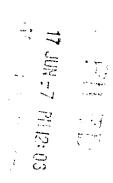
(Re	equestor's Name)									
(Address)										
(Address)										
(City/State/Zip/Phone #)										
PICK-UP	☐ WAIT	MAIL								
(Bi	usiness Entity Nan	ne)								
(Document Number)										
Certified Copies Certificates of Status										
Special Instructions to	Filing Officer:									
	•									

Office Use Only



000299974830

06/07/17--01014--003 \*\*25.00



ENOMMIE O



9385 N. 56th Street, Suite 311 Tampa, FL 33617 813.988.4040 Sheron@BassLawGroup.com www.BassLawGroup.com

June 5, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 22201

## Via FedEX

Re:

Resignation of Member Change of Registered Agent Artisan's Bonsai, LLC Document # L16000071384

Dear Sir or Madam:

The enclosed Statement of Change of Registered Office and Registered Agent, along with the respective fee, in the amount of \$25.00 and Resignation of Member from Florida Limited Liability Company, along with the respective fee, in the amount of \$55.00 for both the filing and a certified copy of the same, are hereby submitted for filing within the records of the Florida Secretary of State.

Please return all correspondence to my office:

Sheron Alves Bass, Esquire 9385 North 56th Street, Suite 311 Temple Terrace, Florida 33617 Email: <a href="mailto:sheron@basslawgroup.com">sheron@basslawgroup.com</a>

For further information concerning this matter, please contact me at (813) 988-4040.

Thank you for your prompt attention in this matter.

Sincerely,

Sheron Alves Bass, Esquire

Mun alus Bass

**Enclosures** 

## 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: Artisan	s Bon	<u>991, 1</u>	<u> </u>				
2.	(a)		(b)						
	(-/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	,	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
		9353 E. Fowler Avenue	_	939	3 E.	Fowler	A	cour	<u>:                                    </u>
		Thonotosassa, FL 33592	_	Tho	motos	sassa,	FL	336	9 <u>2</u>
		04/08/2016	L16000071384						
3.		Date of filing/registration in Florida	4.	· · · · · · · · · · · · · · · · · · ·	Documen	t number			
5.	(a)								
	` '	Registered Agent and Registered Office shown on the records of the		pt. of State	:				
	Phillip R. Lating  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
		Registered Office Address (MUST BE FLORIDA STREET AD					<b>=</b>		
		9353 E. FOWLER AVENUE					•		<b>"</b> 1
		Thonotosassa, , FL	3359	92			-		
								14 D: 02	•
	(b)			ice address:					
								ده	
		Joseph G. Cain, Jr.							
	NEW Registered Office Address:								
		2902 E. 99th Avenue				•			
		Tampa, FL	3310	ıa					
		, FL	234	19					
the age was	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line	ne register ility comp the limited mited liab	ed office any, it is d liability ility com	and the b hereby co company pany.	usiness off onfirmed the or as other	ice of the rwise p	the regi change provided	stered (s)
		CA C		sed	G.	Can syped name of	Jr.	AM	1BR
S	ignat	ure of a member or authorized representative of a member		,	Printed or t	yped name of	`signee		
pro the to i	visi obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j by reflect a change in the registered office address, I he in writing of this change.	e to act in erformanc for in Cha reby confi	this capa e of my a pter 605, irm that t	icity. I fur luties, and F.S. Or, he limited	rther agree l I am famil if this docu l liability co	to con liar wi ument ompan	nply wii th and d is being y has be	th the accept filed een
Sig	natui	re of Registered Agent							