U6000074583

(Requestor's Name)						
(Address)						
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ty/State/Zip/Phone	e #)					
☐ WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
_ Certificates	s of Status					
Special Instructions to Filing Officer:						
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D. SCOTT NOV 2 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2016

LISA O'KANE 2724 W DOUGLAS STREET TAMPA, FL 33607

SUBJECT: WALLFLOWER MURAL WORKS LLC

Ref. Number: L16000074583

We have received your document for WALLFLOWER MURAL WORKS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

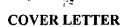
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 216A00022572



TO: Registration Section Division of Corporations	
SUBJECT: Wallflower Mural Works, 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:	
Lisa D'Kane Name of Person	
Wallflower Mural Works Firm/Company	
7416 S. DESOTO STREET Address	
Tampa, Fl 33616 City/State and Zip Code	丁
$ ilde{x}_{i} \leftarrow \omega$	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	I
Lisa O'Kaus at (720) 505.0323	
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 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy	

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:	DWER	Mus	al Work	<u> </u>
2. (a)	2724 W. Douglas STREET	(b)	1	SAME	
()	Principal office address of limited liability company:	_ (-/		•	ited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE PC	<u>ST OFFICE BOX</u>)
	TAMPA, F-L 33607	_			
		_			
	11/-/		() 4 (000000000000000000000000000000000000000	O
	4/15/16		216	999974	583
3.	Date of filing/registration in Florida	4.		Document number	r
5. (a)	2724 W. DOUELAS STREE	T			
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	::	
	(Lisa O'KANE)				,
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	Tampa, FL	33(004		
	Lance Ollows				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress.	•	ALC:
					超夏五
	7416 S. DESOTO STREET				23 LF
	NEW Registered Office Address:			-	
					FLOG 9
				•	
	TAMPA, FL	330	016	_	- Face Control of the
If the l	limited liability company is not organized under the law	vs of the	State of Flo	orida it is hereby a	confirmed that after
the ch	ange or changes are made, the Florida street address of	the regis	tered office	and the business	office of the registered
agent was/w	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	f the lim	mpany, it is ited liability	s nereby confirmed y company or as o	therwise provided in
	icles of organization or the operating agreement of the				
	That The		X``	<u>sa () Kar</u>	عک
J	ature of a member of authorized representative of a member	aa to ees	in this car	Printed or typed nam	
provis	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete lightings of my position as registered event as provide	ze io aci performa	in inis cape ince of my c Thantar 605	duties, and I am for FS On it this	ree to comply with the amiliar with and accept locument is being filed
to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	iereby co	onfirm that	the limited liabilit	y company has been

Signature of Registered Agent