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COVER LETTER

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TO: Registration Section Division of Corporations

DEVIOUS ELEMENTS APPAREL, LLC SUBJECT:

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:

JOSE FIRPI

Name of Person

DEVIOUS ELEMENTS APPAREL, LLC

Firm/Company

6374 MOSELY STREET #404

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

DEAPPAREL81@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE FIRPI	754 244-6862 at ()
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 Enclosed is a check for the following	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
S25 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,

L. Na	ame of the limited liability company:	ELEMENTS APPA	
2. (a)	6374 MOSELY STREET #404	(b) HOLLY	WOOD, FL 33024
. ,	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	04/25/2016 Date of filing/registration in Florida	L1600008	30639 Document number
	UNITED STATES CORPORATION AGE		bocument humber
5. (a)	Registered Agent and Registered Office shown on the record		- u:
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> 13302 WINDING OAK COURT A		
	ТАМРА	, FL	
(b)	ROSS GROSSMAN, PA		
(,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	54 O
	2400 N UNIVERSITY DRIVE SUITE 207		28 210 28
	NEW Registered Office Address		- "
	PEMBROKE PINES	FL_33024	-
the cha agent v was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	is of the registered office ed liability company, it i ers of the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ure of a member of authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and hons of all statutes relative to the proper and comp ligations of my position as registered agent as prov ely effect a change in the registered office address a in writing of this change.	agree to act in this cap lete performance of my vided for in Chapter 605 s, I hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filea the limited liability company has been
Signati	ire of Recklered Agent		
	Division of Corporations• P.	O. Box 6327• Tallahas	ssee, FL 32314