

L160000084733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

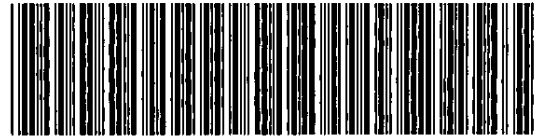
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900298809389

05/05/17--01017--005 **25.00

FILED

17 MAY -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 8 2017

CUSTOM FRAMING & DESIGN, LLC

625 N. Ferdon Blvd, Crestview, FL. 32536

Tel: 850-902-2778

May 1, 2017

Florida Department of State
Registration Section
P.O. Box 6327
Tallahassee, FL. 32314

Subject: CUSTOM FRAMING & DESIGN, LLC
Ref. Number: L16000084733

To Whom It May Concern

Please find enclosed my Statement of Change of Registered Agent for my business as well as my payment of \$25.00 to cover the filing fee.

Sincerely,



Béatrice Léonie Frost

FILED
17 MAY -5 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

CUSTOM FRAMING & DESIGN, 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:

BEATRICE FROST

Name of Person

CUSTOM FRAMING & DESIGN, LLC

Firm/Company

625 N. FERDON BLVD, STE C

Address

CRESTVIEW, FL. 32536

City/State and Zip Code

CUSTOMFRAMING.DESIGN@YAHOO.COM

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

For further information concerning this matter, please call:

BEATRICE FROST

Name of Person

at (850) 902-2778

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

INHS18 (2/14)

Check 1071 4-29-17 \$25.00

FILED
MAY -5 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: CUSTOM FRAMING & DESIGN, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

625 N. PERDON BLVD - C
CRESTVIEW, FL 32536

P.O. BOX 1281
CRESTVIEW, FL 32536

3. 4-29-17 Date of filing/registration in Florida 4. L 16000084733 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 NINDING OAK COURT A
TAMPA, FL 33612

FILED
MAY -5 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(b) BEATRICE LEONIE FROST
Enter name of NEW Registered Agent and/or NEW Registered Office address:

PHYSICAL ADDRESS:

NEW Registered Office Address:
P.O. Box 1281
CRESTVIEW, FL 32536

(OR)

125 BEL AIR DRIVE
CRESTVIEW, FL 32536

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member BEATRICE L. FROST Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent