

46000097834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

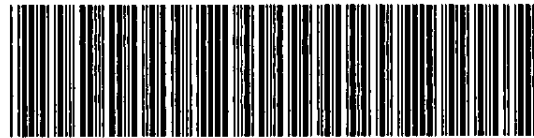
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800297359198

04/03/17--01017--002 \*\*25.00

17 APR 18 AM 10:46  
TALLAHASSEE, FLORIDA

APR 20 2017

WICKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2017

MARIA V AGUIRRE  
11 PEASANT VIEW DR  
JENSEN BEACH, FL 34957

SUBJECT: MARIA V. ART & DESIGN, LLC  
Ref. Number: L16000097834

We have received your document for MARIA V. ART & DESIGN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 517A00006527

RECEIVED  
2017 APR 18 PM 12:45  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MARIA V. ART & 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:

MARIA V. AGUIRRE.

Name of Person

MARIA V. ART & DESIGN

Firm/Company

11 PLEASANT VIEW DR.

Address

JENSEN BEACH FL. 34957

City/State and Zip Code

mariavartflorida@gmail.com

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

For further information concerning this matter, please call:

MARIA V. AGUIRRE.

Name of Person

at ( 772 ) 284 61 40

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. Name of the limited liability company: MARIA V. ART & DESIGN (MARIA V. ART & DESIGN)
2. (a) 11 PLEASANT VIEW DR. JENSEN BEACH FL. 34957 (b) 11 PLEASANT VIEW DR. JENSEN BEACH FL. 34957  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 06/21/16 Date of filing/registration in Florida 4. 66-8017033358-4 Document number

5. (a) SARAH P. NICKELS - INDIAN TOWN LAW, LLC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4969 SE. DIXIE HWY, STUART, FL. 34997  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STUART, FL 34997

- (b) MARIA V. AGUIRRE.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

11 PLEASANT VIEW DR.  
**NEW** Registered Office Address:

JENSEN BEACH, FL 34957

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.

MARIA V. AGUIRRE

Signature of a member or authorized representative of a member

MARIA V. AGUIRRE.

Printed or typed name of signer

*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.*

MARIA V. AGUIRRE

Signature of Registered Agent