lorida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I200100000062

Phone : (323 Fax Number : (323

: (323)962-8600 : (323)962-3889

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# P.4

JUN 30 AM

## LLC REGISTERED AGENT CHANGE BARTON'S JEWELRY DESIGNS, LLC

Certificate of Status	0
Certified Copy	1
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TO:

INHS18 (2/14)

## COVER LETTER

FO: Registration Section Division of Corporations	
BARTON'S JEWEL	RY DESIGNS, LLC
SUBJECT:	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regi	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	ocerning this matter to the following:
Cheyenne Moseley	
Name of Pe	rson
Legalzoom.com, Inc.	
Firm/Comp	any
101 N. Brand Blvd., 10th Floo	r
Address	
Glendale, CA 91203	
City/State and 2	Zip Code
esbarton1@yahoo.com	
E-mail address: (to be used for	r future annual report notification)
For further information concerning	this matter, please call:
Cheyenne Moseley	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for th	e following amount:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy

To: 18506176383

## 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.

(a)		(b)_	Mailing address of limited liability company
	Principal office address of limited liability company (Note: MUST RE STREET ADDRESS)	7:	Mailing address of limited liability company: (Ngte: MAY BE POST OFFICE BOX)
	3472 SE DIXIE HIGHWAY	;	3472 SE DIXIE HIGHWAY
	STUART, FL 34997		STUART, FL 34997
	6/1/2016	L	16000106224
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the record UNITED STATES CORPORATION AGE		ept. of State:
	Registered Office Address (MUST BE FLORIDA STR 5575 S. Semoran Blvd. Suite 36	<u>FET ADDRESS)</u>	
	5575 S. Semoran Blvd. Suite 36	FET ADDRESS) _, FL_32822	
(b)	5575 S. Semoran Blvd. Suite 36	, FL 32822	<u> </u>
(b)	5575 S. Semoran Blvd. Suite 36 Orlando	, FL 32822	PN:
(b)	5575 S. Semoran Blvd. Suite 36  Orlando  Enter name of NEW Registered Avenu and/or NEW Regis	, FL 32822	<u> </u>
(b)	5575 S. Semoran Blvd. Suite 36  Orlando  Enter name of NEW Registered Aucha and/or NEW Registered Aucha and Auch	, FL 32822	<u>vv</u> :

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 of a member or authorized representative of a member

Eugene Steven Barton

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 serving of this change.

Signature of Registered Agent

<u>-2-</u>

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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