

L16 000127844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

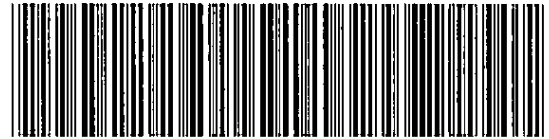
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Finest Face Painting & More by MaryRose 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:

MaryRose Arciero

Name of Person

Finest Face Painting & More by MaryRose LLC

Firm/Company

4662 Deleon Street Apt N283

Address

Fort Myers, FL 33907

City/State and Zip Code

maryrose@finestfacepainting.com

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

For further information concerning this matter, please call:

MaryRose Arciero

941

916-2346

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

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.

Finest Face Painting & More by MaryRose LLC

1. Name of the limited liability company: Finest Face Painting & More by MaryRose LLC
2. (a) 4662 Deleon Street Apt N283
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
4662 Deleon Street Apt N283
Fort Myers, FL 33907
- (b) 4662 Deleon Street Apt N283
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
4662 Deleon Street Apt N283
Fort Myers, FL 33907

3. 07/12/2016
Date of filing/registration in Florida
4. L16000127844
Document number

5. (a) MaryRose Arciero
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
1565 Albatross Drive
Punta Gorda, FL 33950

- (b) MaryRose Arciero
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
4662 Deleon Street Apt N283
Fort Myers, FL 33907

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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.

MaryRose Arciero
Signature of a member or authorized representative of a member

MaryRose Arciero
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.

MaryRose Arciero
Signature of Registered Agent