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	1.
(Requestor's Name)	
(Address)	
(Address)	if
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: High Tea Today 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 concernit	g this matter to the following:
Miriam Novalle, President	
Name of Person	
High Tea Today LLC	
Firm/Company	
5 Sterling Street	
Address	
Kingston, New York 12401	
City/State and Zip Co	de
highteatoday@gmail.co	m
E-mail address: (to be used for future	
For further information concerning this ma	ater, please call:
Miriam Novalle	at (212- , 358-0506
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS	: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 32314
Enclosed is a check for the follog	ving amount:
□ \$25 Filing Fee >	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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.

I Name of the limi	ted liability company;	ligh Tea	Today LL	.C
_{2. (a)} 5 Sterling	, , ,		(b)	· · · · · · · · · · · · · · · · · · ·
Principa	office address of limited liabil		. (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Kingston,	New York 12401			
10/11/2016			L1600	0187983
3. Date	of filing/registration in F	lorida	4.	Document number
5. (a)				
	t and Registered Office shown	on the records of the	: Florida Dept. of S	tate:
Miriam N	<u> </u>		<u>, </u>	<u> </u>
Registered Office	re Address (MUST BE FLO	<u>RIDA STREET AD</u>	DRESS)	
5 Sterling	Avenue			
Kingston	{ }	. FL 1	2401	
(b) Registe	red Agents Inc			
(6)	EW Registered Agent and/or		ffice address:	
3030 N	. Rocky Point	Dr		25
	d Office Address:	<u> </u>		<u></u>
STE 150	11			. 49
_		-		
Tampa		, FL_3	3607	
the change or change agent will be identica was/were authorized	s are made the Florida st d. Or in the case of a Flo	reet address of the orida limited liab the members of	ne registered off fility company, i the limited liabi	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in company.
Λ	DJU 1/2 11		Miriam Nov	/alle
Signature of a member	or authorized representative of	a member		Printed or typed name of signee
provisions of all state	ites relative to the pro pe r position as registered a g ange in the registered so ff	and complete po ent as provided ice address, I hé	erformance of m for in Chapter 6 reby confirm th	apacity. I further agree to comply with the w duties, and I am familiar with and accep 505, F.S. Or, if this document is being filed at the limited liability company has been
Signature of Registered A	<u>(()</u>	- Assistant	occi etal y	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | FH.ING FEE: \$25.00