

LI6000214 079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2018 FEB -5 11:30:02

FEB 07 2018  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Sweet Life Studio 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:

Ashley Rose  
Name of Person

The Sweet Life Studio LLC  
Firm/Company

5486 N. Safford Blvd  
Address

North Port FL 34286  
City/State and Zip Code

ahh.the.sweet.lifestudio@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Rose at (757) 375-9097  
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.

1. Name of the limited liability company: The Sweet Life Studio LLC
2. (a) 5486 N. Salford Blvd (b) 5486 N. Salford Blvd  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
North Port FL 34286 North Port FL 34286

3. Nov. 22 2016 4. L16000214079  
Date of filing/registration in Florida Document number

5. (a) Legalinc. Corporate Services Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 Summerlin Commers,  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 400  
Fort Meyers, FL 33907

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

5486 N. Salford Blvd  
**NEW Registered Office Address:**  
North Port, FL 34286

2016 FEB - 3 11:30:02

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.

Ashley Rose  
Signature of a member or authorized representative of a member

Ashley Rose  
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.

Ashley Rose  
Signature of Registered Agent