

L17000000149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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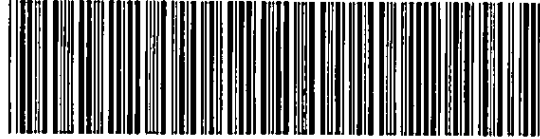
(Business Entity Name)

(Document Number)

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D. BRUCE
JAN 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMJ Boutique 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:

Myra Crews

Name of Person

AMJ Boutique

Firm/Company

6105 NW 37th Terrace

Address

Gainesville, FL 32653

City/State and Zip Code

lularoeamjboutique@gmail.com

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

For further information concerning this matter, please call:

Alisha Soco

at 352

339-6202

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

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**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: AMJ Boutique LLC
2. (a) AMJ Boutique
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
4670 SW 48th Drive Unit 135
Gainesville, FL 32608
12/30/2016
3. Date of filing/registration in Florida
- (b) AMJ Boutique
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
PO Box 1166
Archer, FL 32618
L17000000149
4. Document number

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

Myra Crews

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4670 SW 48th Drive Unit 135

Gainesville, FL 32608

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

Myra Crews

NEW Registered Office Address:

6105 NW 37th Terrace

Gainesville, FL 32653

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TALLAHASSEE, FLORIDA

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.

Alisha R. Soco

Signature of a member or authorized representative of a member

Alisha Soco

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.

Myra Crews

Signature of Registered Agent

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