117000046299

(Re	equestor's Name)	<u>,</u>
(Ad	ldress)	
(Ad	ldress)	
(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(5)		·
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: <u>Ultimate Designs by Christina, UC</u> 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:			
Christina Lehmann Name of Person			
Francis			
Firm/Company			
37 N. Ovange Ave #500			
Address			
Orlando, FL 32801			
City/State and Zip Code			
Clehmann 2020 @ gmail. com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (407) 592-1420 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			

INHS18 (2/14)

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.	Na	me of the limited liability company: WHI MUTE DESIGNS by Christina, WC
2.	(a)	37 N. Drange Ave (b) 37 N. Orange Ave
	•	Principal office address of limited liability company: Mailing address of limited liability company: MAY BE DOCT OFFICE BOX:
		(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		Suite 500 Suite 500
		Orlando, FL 32801 Orlando, FL 32801
		02/27/2017 17000046299
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Kristie Gregory
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		lelos N. Orlando Ave
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 1010 300551
	(b)	Barbara Tatton 5
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Leles N. Orlando Ave
		NEW Registered Office Address:
		<u>Suite 1010</u>
		Maitland FL 32751
the	cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was	s/we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
X	\mathbb{V}	ure of a member or authorized representative of a member Printed or typed name of signee
I h pro the to n	ereb visio obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in my this change.
Sig	<u>u</u> natu	re of Registered Agent