

# L17000051359

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA  
17 MAY 19 PM 4:37

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARTY 365, 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:

**CHRISTOPHER ALEMAN**

Name of Person

**PARTY 365, LLC**

Firm/Company

**7950 NW 53RD ST, STE 337**

Address

**MIAMI, FL 33166**

City/State and Zip Code

**CHRIS@PARTY365STORE.COM**

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

For further information concerning this matter, please call:

**CHRISTOPHER ALEMAN**

**305**

**677-3710**

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

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TALLAHASSEE, FLORIDA

**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.*

**PARTY 365, LLC**

1. Name of the limited liability company: PARTY 365, LLC
2. (a) 7950 NW 53RD ST (b) 7950 NW 53RD ST  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
STE 337 STE 337  
MIAMI, FL 33166 MIAMI, FL 33166  
05/01/2017 L17000051359

3. 05/01/2017 Date of filing/registration in Florida 4. L17000051359 Document number  
AXIAL MANAGEMENT SERVICES, LLC

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
999 PONCE DE LEON BLVD, SUITE 650

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES 33134  
, FL

CHRISTOPHER ALEMAN

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

7950 NW 53RD ST

NEW Registered Office Address:

STE 337

MIAMI 33166  
, FL

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.

Christopher Aleman  
Signature of a member or authorized representative of a member

Christopher Aleman  
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.*

Christopher Aleman  
Signature of Registered Agent