

L17000104338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

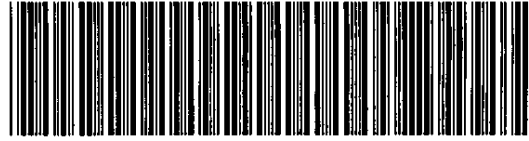
(Business Entity Name)

(Document Number)

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FILED
17 JUN -9 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2017

ALICIA SARMIENTO-CANTINEAUX
20 ISLAND AVE APT 708
MIAMI BEACH, FL 33139

SUBJECT: TRULY PRINTS LLC
Ref. Number: L17000104338

We have received your document for TRULY PRINTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 217A00010885

RECEIVED
25/7 JUN -9 PM 12:57
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Truly Prints 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:

Alicia Sarmiento-Cantineaux

Name of Person

Truly Prints LLC

Firm/Company

20 Island Ave. apt 708

Address

Miami Beach / Florida / 33139

City/State and Zip Code

info@trulyprints.com

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

For further information concerning this matter, please call:

Alicia Sarmiento-Cantineaux at (786) 8997987

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: Truly Prints LLC

2. (a) 20 Island Ave apt 708, _____ (b) 20 Island Ave, apt 708
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Miami Beach, FL, 33139 _____ Miami Beach, FL, 33139

3. 05/10/2017 _____ 4. L17000704338
 Date of filing/registration in Florida Document number

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)
20 Island Ave, apt 708
Miami Beach, FL 33139

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

Alicia Sarmiento
NEW Registered Office Address:

 _____, FL _____

FILED
 17 JUN -9 AM 7:05
 SECRETARY OF STATE
 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.

Alicia Sarmiento M. _____
 Signature of a member or authorized representative of a member 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.

Alicia Sarmiento M.
 Signature of Registered Agent