L17000109467

(F	Requestor's Name)					
	Address)					
(F	Address)					
(0	City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(E	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						

Office Use Only



800314879708



N. CAUSSEAUX JUL 1 8 2018

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	The Window Fashion Store LLC Name of Limited Liability Company					
SUBJECT						
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the	following:			
Javier H P	retazzi					
	Name of Person					
The Windo	ow Fashion Store LLC					
	Firm/Company		_			
6511 Mon	mouth Rd					
·	Address	·				
West Palm	n Beach, Fl 33413					
	City/State and Zip Code		_			
info@wind	lowfashionsfl.com					
E-mail	address: (to be used for future ann	ual report notif	ication)			
For further is	nformation concerning this matter.	please call:				
Javier H P		561 at (812-2854			
	Name of Person	at (Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
Encl	losed is a check for the following	amount:				
2 \$:	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy			
INHS18 (2/14	1)					



June 26, 2018

JAVIER H. PETAZZI THE WINDOW FASHION STORE LLC 6511 MONMOUTH ROAD WEST PALM BEACH, FL 33413

SUBJECT: THE WINDOW FASHION STORE LLC

Ref. Number: L17000109467

We have received your document for THE WINDOW FASHION STORE 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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Letter Number: 818A00013206

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org



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.

(a)	6511 Monmouth Rd	(b)	6511 Monmouth Rd	
. /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• • • • • • • • • • • • • • • • • • • •		
	West Palm Beach, FL, 33413		West Palm Beach, FL, 33	413
	05/17/2017	 L	.17000109467	
	Date of filing/registration in Florida	4.	Document number	· · · · · · · · · · · · · · · · · · ·
(a)	Legalinc Corporate Services, inc			
(a)	Registered Agent and Registered Office shown on the records of	of the Florida D	Dept. of State:	
	5237 Summerlin Commons			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		_,
	Suite 400			2
	Fort Myers	33907		ON THE WAS
b)	Javier H Petazzi			* 1T
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addr	ress:	
	6511 Monmouth Rd			æ: 25
	NEW Registered Office Address:			
	6511 Monmouth Rd	1965		
	West Palm Beach	L 33413		
cha nt w /we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe liability com of the limite le limited lia	ered office and the business of npany, it is hereby confirmed the ed liability company or as othe ability company.	fice of the register that the change(s)
	4 V	<u>Javie</u>	er H Petazzi	
_	ure of a member of huthorized representative of a member		Printed or typed name o	-
eret. visio	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid by reflect a change in the registered office address.	gree to act in le performan led for in Ch	n this capacity. I further agree ace of my duties, and I am fami banter 605 F.S. Or if this doc	to comply with I iliar with and acc nument is being fi

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

INHS18 (2/14)