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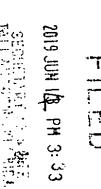
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ARTECKNITURE LLC.		
0010		ne of Limited Lia	bility Company
Dear S	Sir or Madam:		
The er	iclosed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the fo	ollowing:
GEO	RGES GANTHIER		
	Name of Person		-
ART	ECNITURE LLC.		
	Firm/Company		-
658 1	NE 70 STREET		
	Address		_
MIAN	/II FLORIDA 33138		
	City/State and Zip Code		_
GEO	RGE.GANTHIER@GMAIL.COM		
F	-mail address: (to be used for future and	nual report notific	ation)
For fur	rther information concerning this matter	, please call:	
GEO	RGES GANTHIER	786	663 2104
* <u> </u>	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	Regi Divi P.O.	ALING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State c Florida.

Na	une of the limited liability company: ARTECKI	NITURE LL	_C.
(a)		(t	o)
	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	658 NE 70 ST		658 NE 70 ST
	MIAMI FLORIDA 33138		MIAMI FLORIDA
	05/17/2017		L17000117698
	Date of filing/registration in Florida	4.	Document number
(a)	UNITED STATES CORPORATION AGE	ENTS ,INC.	
	Registered Agent and Registered Office shown on the record Registered Office Address    (MUST BE FLORIDA STRE	<del></del>	
	13302 WINDING OAK COURT A		
	TAMPA	, <sub>FL</sub> 33612	
(b)	GEORGES GANTHIER		Idress:
• •	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office ad	Idress:
	658 NE 70 STREET, MIAMI FLORIDA 3	3138	
	NEW Registered Office Address:	•	
	658 NE 70 STREET		

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 of the operating agreement of the limited liability company.

Signature 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.

Signature Registrant Agent