L17000 130 639

(Requestor's Name)
(roquesto, a riama)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only States Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000331398820

07/15/19--01016--008 **25.00

19 JUL 15 PM 2:27

THE 24 TH

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: OHer (Babies LUC ame of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
Jordan Wall Name of Person	· · · · · · · · · · · · · · · · · · ·					
otter Bebies Lic						
393 NE 32nd Terrace	Homestead, FL 33033					
Homestead / FL / 33 City/State and Zip Code	033					
E-mail address: (to be used for future as	nnual report notification)					
For further information concerning this matter	er, please call:					
Jordan Wallin Name of Person	at (509) 481-1423 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. Name of	the limited liability company:	Otter Ba	bies	LLC	
	83 NE 32nd Terre Principal office address of limited liability (Note: MUST BE STREET ADDR	company:	(b) 3 Y	Mailing address of lin	2nd Terme nited liability company: OST OFFICE BOX)
<u>+</u>	omesteed, FL 33	033	Homes	stead FL	33033
3.	Date of filing/registration in Flo	rida 4	<u>L17(</u>	Document number	639 cr
	Tordan wellingered Agent and Registered Office shown on 131 SW 63rd		orida Dept. of Stat	- e: -	
Regist	ered Office Address <u>(MUST BE FLOR</u>	-		TALL A	
(b)	Plantation Flantation Dordon Wallin name of NEW Registered Agent and/or NI	FL_3		- 100 100 100 100 100 100 100 100 100 10	FILED LIS PH 2:2
	Registered Office Address:	Terrae	•	าะเอ๊≱ -	70 TO 7
	Homestead	, FL	33033	-	
the change or agent will be was/were aut	liability company is not organized changes are made, the Florida streidentical. Or, in the case of a Florihorized by an affirmative vote of the forganization or the operating agree	et address of the l da limited liabilit to members of the	registered offic y company, it i limited liabilit	e and the business s hereby confirme sy company or as o	s office of the registered ed that the change(s)
Jorde	_ Wall		Ja.	- <u> </u>	Vallin
Thereby according the obligation to merely refunction to the continuation of the control of the	ept the appointment as registered a all statutes relative to the proper and so my position as registered ager lect a change in the registered officiting of this change.	gent and agree to nd complete perfo nt as provided for	act in this cap ormance of my in Chapter 60:	acity. I further as duties, and I am f 5, F.S. Or, if this o	gree to comply with the amiliar with and accept document is being filed