## 117000147823

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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations		
SUBJECT: LEMONGRAS INTERIOR Name of L	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
COURTNEY C. MARSHALL Name of Person		
LEMONGRASS INTERIOR DESIGN,	uc	
Firm/Company		
205 AVENUE On SW		
Address	<del></del>	
WINTER HAVEN, FL 33880		
City/State and Zip Code		
COURTNEY @ LENONGRASSINTERIOR	edesign. com	
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter, please	e call:	
COURNEY C. MARSHALL at	803 800-9087	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassee, Horida 52514	
Enclosed is a check for the following amou	int:	
\$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.

rionaa.	,
1. Name of the limited liability company: LEMONGRASS INT	erior design, LC
2. (a) LEMONGRASS INTERIOR TESIGN, LLC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) LA	ENONG RASS INTERIOR DESIGN, UC  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
205 AVENUE G SW 2	205 AVENUE G 3W
WINTER HAVEN, FL 33880 h	JINTER HAVEN, FL 33880
07/10/2017 L	. 17000147823
3. Date of filing/registration in Florida 4.	Document number
5. (a) LARRY C. MARSHALL	
Registered Agent and Registered Office shown on the records of the Florida Dept	. of State:
LEMONGRASS INTERIOR DESIGN, LLC	17
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	ECR
205 AVENUE G SW	AHAZ
WINTER HAVEN FL 33880	AARY O
	m∑ <b>33 (D</b> )
(b) COURTNEY C. MARSHALL	A 3 2
Enter name of NEW Registered Agent and/or NEW Registered Office address:	20 DA
LEMONGRASS INTERIOR DESIGN, LLC	
NEW Registered Office Address:	
205 AVENUE G SW	
WINTER HAVEN FL 33880	
Signature of a member of authorized representative of a member  I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provided for in Chap to merely reflect a change in the registered office address, I hereby confirmation of this change.	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  DURTNEY C MARSHAU  Printed or typed name of signee  als capacity. I further agree to comply with the
Menantire of Registered Agent LARRY MARSHALL	

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