L170001508560

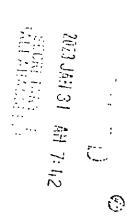
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE APR - 5 2023						

Office Use Only



100401197441

01/31/23--01023--005 **25.00



COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	T: Hope Paige Designs, LLC Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Of	fice Change and fe	re(s) are submitted for filing.			
Please ro	eturn all correspondence concerning th	nis matter to the fo	llowing:			
Chris Mo	organ					
	Name of Person		-			
Sticky Je	welry, Inc.					
	Firm/Company		_			
10801 E	ndeavour Way, Suite B					
	Address		_			
Seminolo	e, FL 33777					
	City/State and Zip Code		<u>-</u>			
Chris@s	tickyj.com					
I	mail address: (to be used for future an	nual report notifies	ation)			
For furth	ner information concerning this matter	r, please call:				
Chris Me	organ	727 at (823-9500			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the followin	g amount:				
	S25 Filing Fee	□ \$55	1 \$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.

. (a)	10801 Endeavour Way	<i>(</i>)	10801 E	ndeavour Way	
. (,	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)	
	Suite B		Suite B		
	Seminole FL 33777		Seminole	EL 33777	
	07/13/2017		L1700015	0856	
	Date of filing/registration in Florida	4.		Document number	
(a)	Morgan, Christopher				
, (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:				
	7780 49th St. N			100 m	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	#309			<i>₩</i> . 3	
	Pinellas Park	L_33781			
	r	l <u></u> ,			
(b) ₋					
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	ldress'		
	10801 Endeavour Way			(
	NEW Registered Office Address:				
	Suite B		· · · · · · · · · · · · · · · · · · ·	· laur	
	Seminole	33777			
		L		_	
hange gent v	imited liability company is not organized under the la or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere inbility co of the lim	ed office a ompany, it uited liabil:	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
he art <i>Ch</i>	ris Morgan		hris Morg		
he art <i>Ch</i>	ris Morgan ture of a member or authorized representative of a member		nris Morg	Printed or typed name of signee	
he art Ch Signa I here provisi ne obi o mer orifie		rec to act	in this car	Printed or typed name of signee pacity. I further agree to comply with the	

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