17000187177

| (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: |
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Office Use Only



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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

| Division of Corporations | , |
|--|--|
| SUBJECT: Sew It's A Quil Name of Lin | t_L_C nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Kimberly S. Norvell Name of Person | |
| Sew It's A Quilt, LLC Firm/Company | |
| 4525 Walnut Ridge Road Address | |
| Land O Lakes, FL 34638 City/State and Zip Code | |
| Kim @ Sewitsaguilt.com E-mail address: (to be used for future annual repor | t notification) |
| For further information concerning this matter, please ca | all: |
| Name of Person at (| 8/3) 758-/548 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 following amount | : |
| □ \$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.

| 1. Na | me of the limited liability company: Sew It's A Quilt, LLC |
|---|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 4525 Walnut Ridge Rock Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Land O Lakes, FL 34638 Land O Lakes, FL 34638 |
| | 09/01/2017 177000187177 |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | United States Corporation Agents Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 13302 Winding Oak Court A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | NEW Registered Office Address: |
| | Lando Lakes ,FL 34638 |
| change agent w was/we | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. |
| 19 | ure of a member or authorized representative of a member David L Norvell Printed or typed name of signee |
| I herel provision the oblition mere | ure of a member or authorized representative of a member Printed or typed name of signee oy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change. |