

L17000197919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

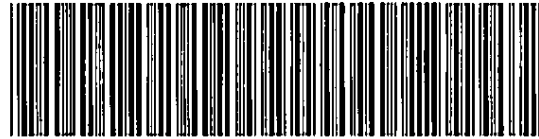
(Business Entity Name)

(Document Number)

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19 NOV -4 AM 12:10
TALLAHASSEE, FLORIDA

NOV 05 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2019

MICHAEL E GASQUE
AENA PARTY NEEDS AND DECOR
4351 SHERMAN HILLS PARLWAY NORTH
JACKSONVILLE, FL 32210

SUBJECT: AENA PARTY NEEDS AND DECOR, LLC
Ref. Number: L17000197919

We have received your document for AENA PARTY NEEDS AND DECOR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 019A00022012

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aena Party Needs and Decor LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Gasque

Name of Person

Aena Party Needs and Decor LLC

Firm/Company

4351 Sherman Hills Parkway North

Address

Jacksonville, FL, 32210

City/State and Zip Code

gena_decor2020@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gasque

Name of Person

at (904) 214-4308

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

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: Aena Party Needs and Decor LLC
2. (a) 4351 Sherman Hills Parkway North (b) 4351 Sherman Hills Parkway North
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Jacksonville, FL, 32210 Jacksonville FL 32210

3. 09/25/2017 4. L17000197919
Date of filing/registration in Florida Document number

5. (a) United Staes Corportion 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)

Tampa, FL 33616

- (b) Michael Gasque
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4351 Sherman Hills Parkway North
NEW Registered Office Address:

Jacksonville, FL 32210

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 or the operating agreement of the limited liability company.

Michael E. Gasque
Signature of a member or authorized representative of a member

Michael E. Gasque
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.

Michael E. Gasque
Signature of Registered Agent

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