

L1700209365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2017

TINA MATTERN  
3115 TALA LOOP  
LONGWOOD, FL 32779

SUBJECT: TREATLUV.COM LLC  
Ref. Number: L17000209365

We have received your document for TREATLUV.COM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 417A00023419

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TREATLUV.COM, 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:

Tina Mattern  
Name of Person

TREATLUV.COM, LLC  
Firm/Company

3115 Tala Loop  
Address

Longwood, FL 32779  
City/State and Zip Code

Tmattern1301@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Mattern at ( 407 ) 234-6209  
Name of Person 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

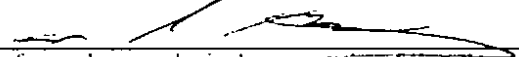
☐ \$55 Filing Fee & Certified Copy

**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.*

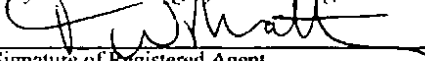
1. Name of the limited liability company: TREATLUV.COM, LLC
2. (a) 3115 TALA LOOP  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
LONGWOOD, FL  
32779
- (b) P.O. BOX 952110  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
LAKE MARY, FL 32795
3. 10-10-2017  
Date of filing/registration in Florida
4. L17000209365  
Document number
5. (a) WILLIAM MATTERN III  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3230 TALA LOOP  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
LONGWOOD, FL 32779  
FL
- (b) TINA MATTERN  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
3115 TALA LOOP  
**NEW Registered Office Address:**  
LONGWOOD, FL 32779  
FL

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.

X   
Signature of a member or authorized representative of a member

WILLIAM MATTERN III  
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.*

X   
Signature of Registered Agent