

L17000221000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

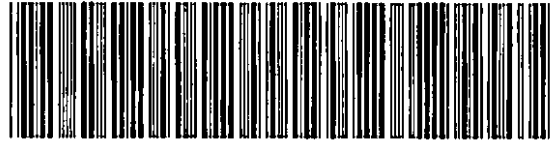
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shameless Fab 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:

Anthony Acosta

Name of Person

Shameless Fab LLC

Firm/Company

5334 Provost Dr Suite 26

Address

Holiday / Florida / 34690

City/State and Zip Code

shamelessfab@yahoo.com

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

For further information concerning this matter, please call:

Anthony Acosta

at (407)

608 - 2162

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 following amount:

☒ \$25 Filing Fee

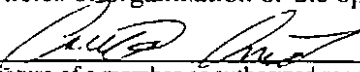
☐ \$55 Filing Fee & Certified Copy

**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: Shameless Fab LLC
2. (a) Shameless Fab LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5334 Provost Dr. Suite 26
Holiday FL 34690
- (b) Shameless Fab LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5334 Provost Dr. Suite 26
Holiday FL 34690
3. 10 - 25 - 2017 Date of filing/registration in Florida
4. L17000221000 Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. SEMORAN BLVD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 36
ORLANDO, FL 32822
- (b) Anthony Acosta
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Shameless Fab LLC
NEW Registered Office Address:
5334 Provost Dr Suite 26
Holiday, FL 34690


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.


Signature of a member or authorized representative of a member

Anthony Acosta

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.


Signature of Registered Agent

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