

L17000 224 228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

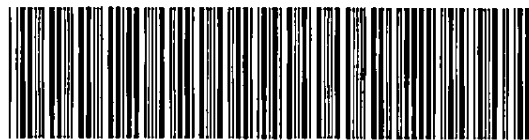
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR 20 PM 4:55
RECEIVED
C. McNAIR

APR 02 2019
C. McNAIR

MAR 13 2019
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLY APPAREL 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:

Mohamed Muslet

Name of Person

FLY APPAREL LLC

Firm/Company

3904 CORPOREX PARK DR, STE 102

Address

TAMPA, FL 33619

City/State and Zip Code

USAPRINTNSTITCH@GMAIL.COM

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

For further information concerning this matter, please call:

MOHAMED MUSLET

at (813)

853-6712

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

2018 MAR 20 PM 4:55
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

2018 MAR 20 PM 1:02
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

**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: FLY APPAREL LLC

2. (a) FLY APPAREL LLC (b) FLY APPAREL LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3904 CORPOREX PARK DR, STE 102

TAMPA, FL 33619

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3904 CORPOREX PARK DR, STE 102

TAMPA, FL 33619

10/30/17

L17000224228

3. Date of filing/registration in Florida

4. Document number

5. (a) ACCOUNTING TO SCALE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

168 SE 1ST STREET

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

STE 501A

MIAMI, FL 33131

(b) MOHAMED MUSLET

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3904 CORPOREX PARK DR

NEW Registered Office Address:

STE 102

TAMPA, FL 33619

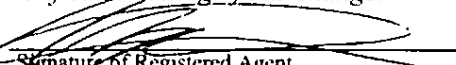
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

MOHAMED MUSLET

Printed or typed name of signer

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

2018 MAR 20 PM 4:55
TAMPA, FL 33619
CLERK OF THE COURT