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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•
SUBJI	Susan Antoinette Art, LLC		
	Nai	ne of Limited Liab	oility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to the fo	llowing:
Susa	n Antoinette		
	Name of Person		-
	Firm/Company		-
	company		
750 4	th Ave S 704		
	Address		-
St Pe	etersburg, FL 33701		
	City/State and Zip Code		
susar	nantoinette@gmail.com		
E	E-mail address: (to be used for future an	nual report notifica	ation)
For fu	rther information concerning this matter	r, please call:	
Paul .	Antoinette	813 at (	529-8525
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		LING ADDRESS:
	Registration Section	· ·	
	Division of Corporations	Division of Corporations P.O. Box 6327	
	Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	iana	massec, 1 torida 32317
	Enclosed is a check for the followin	g 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.

. (a)	ArtsXchange	(b)	Antoinet	tte
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	515 22nd St S Studio 207		750 4th	Ave S 704
	St Petersburg, FL 33701		St Peters	sburg, FL 33701
	11/12/2017		4700000	22005
	11/13/2017		_1700023	
•	Date of filing/registration in Florida	4.		Document number
. (a)	Registered Agents Inc			_
	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	e:
	3030 N Rocky Point Dr			_
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	Suite 150 A			_
	Tampa	<sub>FL</sub> 33607		
(b)	Paul Antoinette  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office add	ress:	2019 NOV 18 SECRETARY TALL AHASSE
	750 4th Ave S 704			ASS.
	NEW Registered Office Address:			m g m
				D STATE
	St Petersburg	<sub>FL</sub> 33701		
ne cha gent v /as/we ne arti Signa	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member seles of organization of the operating agreement of the unit of a member or authorized representative of a member of a member of all statutes relative to the proper and completing agreement of the proper agreem	of the regis I liability co rs of the limited li Sus	tered office mpany, it is ted liability ability con an R. Ant	e and the business office of the register s hereby confirmed that the change(s) y company or as otherwise provided in an apany.  toinette  Printed or typed name of signee  active I further garee to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Ful A. Intention
Signature of Registered Agent