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(Address)					
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(City/State/Zip	/Phone #)				
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COVER LETTER

Division of Corporations	,
Little Mrs. Particular, LLC Registered Agent	ı Update
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Christina Griffin	
Name of Person	
Little Mrs. Particular	
Firm/Company	
5105 Beachwalk Place	
Address	
Miramar Beach, FL 32550	
City/State and Zip Code	
christina@littlemrsparticular.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	eall:
Mark Griffin ICHNCTNA CHIEFEN 81	06 683-8117 1720-629-4846
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 amoun	t:
■ \$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. Na	me of the limited liability company: Little Mrs. Particu	ılar. L.L	С			
2. (a)	5105 Beachwalk Place		(b) 5105 Beachwalk Place			
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,	_		liability company: OFFICE BOX)
	Miramar Beach, FL 32550		Miramar B	Beach, FL 3255	0	
	02/12/2018		L180000376	592		
3.	Date of filing/registration in Florida	- 4.		Document n	umber	
5 (a)	UNITED STATES CORPORATION AGENTS, INC.					
5. (a)	Registered Agent and Registered Office shown on the records of 5575 S. SEMORAN BLVD	the Flor	ida Dept. of Stat	ee:		19 E
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 36	ADDRE	<u>(SS)</u>	_	· ·	
	Orlando FL	32822		_	r:	
(b)	Christina Griffin Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	_	. •	1 20
	5105 Beachwalk Place		<u> </u>			
	NEW Registered Office Address:			_		
	Miramar Beach FL	32550	****			
change ngent v was/we he arti Signal	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the white authorized representative of a member or authorized representative of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a member or authorized representative of a member of a mem	registe ability of the l limited CI	ered office an company, it is imited liabilit I liability con tristina Griffin	d the business hereby confy company or npany. Printed or type	s office of irmed that r as otherward name of s	f the registered t the change(s) wise provided in
provisi the obl to mere notified	in accept the appointment as registered agent and agrounds of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. The of Registered Agent	perfor d for in hereby	nance of my of the confirm that	duties, and La b, F.S. Or, if i the limited lia	an familia This docum This documents	ar with and accept nent is being filed npany has been