

L18 000041651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

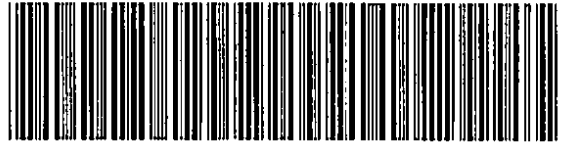
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600348782766

RECEIVED

JUL 16 2020

07/23/20--01028--020 ++25.00

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
20 JUL 16 AM 11:12

Ra Chang

SEP 01 2020

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pretty Things By Patricia, 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:

Cassandra L. Denmark, Esquire

Name of Person

Law Office of Cassandra L. Denmark

Firm/Company

Post Office Box 1793

Address

Bartow, Florida 33831

City/State and Zip Code

Patricia.thomas01@icloud.com

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

For further information concerning this matter, please call:

Patricia Thomas

863

259-7973

at ( )

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

20 JUL 16 AM 11:12

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

**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: Pretty Things By Patricia

2. (a) 2159 Boardman Road (b) \_\_\_\_\_

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

Bartow, Florida 33830

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

February 16, 2018

1.18000041651

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

\_\_\_\_\_, FL \_\_\_\_\_

(b) Patricia B. Thomas  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2159 Boardman Road

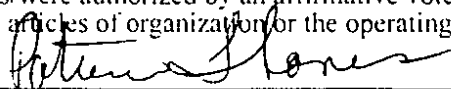
NEW Registered Office Address:

Bartow, Florida 33830

\_\_\_\_\_, FL \_\_\_\_\_

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
20 JUL 16 AM 11:12

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.

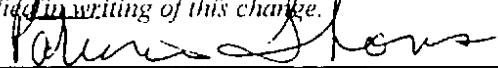


Signature of a member or authorized representative of a member

Patricia B. Thomas

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

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