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COVER LETTER

.

TO: Registration Section Division of Corporations	
Artbound, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Michael Kostrzewski	
Name of Person	
Firm/Company	
402 Lee Lane	
Address	
Destin, FL, 32541	
City/State and Zip Code	
michaelski32@gmail.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
Jessica Kostrzewski	850 797-8297
Name of Person	Area Code & Daytime Telephone Numbe
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 amo	ount:
□ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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) _	180 Miracle Strip Pkwy SE	(b) 180 Miracle Strip Pkwy SE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	Fort Walton Beach, FL 32548	-	Fort Wal	ilton Beach, FL 32548	
	03/05/2018		L1800005	56818	
	Date of filing/registration in Florida	4.		Document number	
(a)	UNITED STATES CORPORATION AGENTS	, INC			
(-)	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	e Floric	a Dept. of State	_	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRES	<u>S)</u>	2018 AUG 24 SECRETARIA	71
(b)	Tampa , FL	33612		一	
	Michael Scott Kostrzewki	_		PH 2: 05 ASSEE, FL	1
-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>)ffice a	ddress:	2: 05 E. F.L	
	402 Lee Lane			m	
	NEW Registered Office Address:				
	Destin	3254		_	
cha ent v e/wi	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	rs of the the reg bility of the li limited	e State of Fl pistered offic company, it i mited liabilit	is hereby confirmed that the chan ity company or as otherwise provi- ompany.	egisi ge(s

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 Jamiliar 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 his change.

Signature of Registered Agent