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To De sen of Curpration (Survey) (850 617 638)

From
Account Name FEG STERED AGENTS INC.
Account Number (NOTMER MODE)
Phone (307)200 7833
Exit Number (855)300 1010

TTEmpt the email address for this business entity to be used for fidure annual report makings. (Inter one one email address theuse fit

Final Address

LLC REGISTERED AGENT CHANGE CHATTING OVER TEA GIFT SHOP LLC

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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.

	Chattina	000	Too	Sift Shop LLC	
1. N	ame of the limited liability company: Chatting			Gift Shop LLC	
2. (a)	7901 4TH STREET NORTH	(b	(b) 7901 4TH STREET NORTH		
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)			dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 300		SUITE	300	
	ST. PETERSBURG, FL 33702		ST. PET	ERSBURG, FL 33702	
	03/05/18		L180000	057772	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Sunshine Corporate Filings LLC				
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:	
	7901 4TH STREET NORTH				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		
	SUITE 300			-	
	ST. PETERSBURG F	. <u>33702</u>	<u>-</u>	TAL SE	
(b) Registered Agents Inc.				FILE -6 ALLAHASSEE.	
•	Enter name of NEW Registered Agent and/or NEW Registered Office address:			SSE -	
	7901 4th St N			A IN 35	
	NEW Registered Office Address:				
	STE 300		**************************************	55 W W	
	St. Petersburg ,F	L_33702	2	-	
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regi: liability co of the lim e limited l	stered office ompany, it i nited liabilit liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Sian	ature of a member or authorized representative of a member	HIIE	ey Park	Printed or typed name of signee	
I here provi: the ob- to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, leed in spriting of this change. Bill Havre - Assista	e perjorm ed for in (hereby c	ance of my Chapter 60; onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed	

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

Signature of Registered Agent