118000105364

| (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: | | | | | | | | |
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Office Use Only



400314546364

06/19/18--01016--004 **25.00



JUN 20 2018

COVER LETTER

| | egistration Section ivision of Corporations | | |
|----------------|---|---------------|--|
| SUBJEC | Queen of Safety Supply LL | С | |
| | | ne of Limit | led Liability Company |
| Dear Sir c | r Madam: | | |
| The enclo | sed Registered Agent/Registered Off | fice Change | e and fee(s) are submitted for filing. |
| Please ret | um all correspondence concerning th | ns matter te | o the following: |
| Rachael | Costly | | |
| | Name of Person | | |
| Queen o | of Safety | | |
| | Firm Company | | ······. |
| 6811 La | ughlin Dr | | |
| | Address | | |
| Missouri | City, TX 77489 | | |
| | City/State and Zip Code | | |
| queenof | safety@outlook.com | | |
| E-m | ail address: (to be used for future an | nual report | notification) |
| For furthe | r information concerning this matter | , please call | I: |
| Rachael | Costly | 225 | 788-7048 |
| | Name of Person | <u> </u> | Area Code & Daytime Telephone Number |
| S [*] | FREET/COURIER ADDRESS: | | MAILING ADDRESS: |
| Re | Registration Section Regis | | Registration Section |
| | ivision of Corporations | | Division of Corporations |
| | lifton Building | | P.O. Box 6327 |
| 20 | 61 Executive Center Circle | | Tallahassee, Florida 32314 |
| Ta | illahassee, Florida 32301 | | |
| E | nclosed is a check for the following | z amount: | |
| i <u>d</u> | \$25 Filing Fee | ٤ | ■ \$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.

| I. No | me of the limited liability company: | ety St | ppiy LL | <u> </u> | | |
|---|--|--------------------------------------|-------------------------------------|---|--|--|
| 2. (a) | Rachael Costly | | Rach | nael Costly | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | • | • | of limited liability company BE POST OFFICE BOX) | |
| | 1901 NW 43rd St | | 6811 Laughlin Dr | | | |
| | Oakland Par. FL 33309 | | Misso | ouri City, TX 7 | 7489 | |
| | 04/26/2018 | | L1800 | 0105364 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document n | umber | |
| 5. (a) | Alexander Lee IV | | | | | |
| J. (M) | Registered Agent and Registered Office shown on the records of Alexander Lee IV | | | State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | <u>indre</u> | <u>zo</u> | | | |
| | 1901 NW 43rd St | | | | | |
| | Oakland Park, FI. | 3330 | | | | |
| (b) | Rachael Costly | | | | | |
| | linter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u> | Office a | ddress. | | - E | |
| | Rachael Costly | | | | 5 | |
| | NEW Registered Office Address: | | · | | • | |
| | 1901 NW 43rd St | | | . <u>. </u> | | |
| | Oakland Park FL | 3330 | 9 | | | |
| the cha agent v was/wo | imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liarre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the registrate of the li- limited | istered of company, mited hab | flice and the bus, it is hereby conf bility company or company. | iness office of the registered firmed that the change(s) | |
| Signal | ture of a member or authorized representative of a member | | ichiaer C | | ed name of signer | |
| I herel provisi the obli to mere notified | by accept the appointment as registered agent and agrous 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: | perfori Hör in | nance of Chapter | capacity. I furth my duties, and I 605, F.S. Or, if | er agree to comply with the am familiar with and accept this document is being filed | |