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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Stork and Fable 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:
Lindsey Steiner Name of Person
Stork and Fable LLC Firm/Company
1100 Jamela Drive
Ococe FL 34761  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lirid Sterro Rat (1515) 306 7964  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

## Enclosed is a check for the following amount:

Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

\$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassec, Florida 32314

P.O. Box 6327

## 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.

Florida.
1. Name of the limited liability company: Stork avo Fable LLC
2. (a) Stork and Fable LLC (b) Stork and Fable LLC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
1106 Jarnela Drive 1106 Jamela Drive
Ocoee FL 34761 Dece FL 34761
MAY 24 2018  Date of filing/registration in Florida  L 18000130871  Document number
5. (a)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  A A Registered Office Address MUST BE FLORIDA STREET ADDRESS)  Elo H 7 110 TH AVENUE N  Royal Palm Beach FL 33411  (b) Lindsey Steiner  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Lindsey Steiner  NEW Registered Office Address:  1100 Jame 1a Drive
Ocope FL 347(el
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 of authorized representative of a member  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 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.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature of Registered Agent