6/6/2019 BOR

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address | ; | | | |
|-------|---------|---|--|--|--|
| | | | | | |

LLC REGISTERED AGENT CHANGE MIEUX LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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JUN 10 2019

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: MIEUX LLC | | | | | |
| Name of I | 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: | | | | |
| Name of Person | | | | | |
| REGISTERED AGENTS INC. | | | | | |
| Firm/Company | | | | | |
| 7901 4TH ST N, STE 300 | | | | | |
| Address | | | | | |
| ST. PETERSBURG, FL 33702 | | | | | |
| City/State and Zip Code | | | | | |
| se@registeredagentsinc.com | 1 | | | | |
| E-mail address: (to be used for future annual re | eport notification) | | | | |
| For further information concerning this matter, please | se call: | | | | |
| Jerome Sullivan | (307) 200-2803 | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | |
| 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 amount: | | | | | |
| □ \$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.

| Name of the limited liability company: MIEUX L | LC | | | |
|---|--|--|--|--|
| (a) 201 GLADES CIR. LARGO, FL 33771 | (b) 201 GLADES CIR. LARGO, FL 33771 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | |
| DE /00/001D | L18000134128 | | | |
| 05/30/2018 Date of filing/registration in Florida | 4. Document number | | | |
| - · | | | | |
| (a) UNITED STATES CORPORATIONS AGEN | | | | |
| Registered Agent and Registered Office shown on the records of | > ca 🗃 | | | |
| 13302 WINDING OAK COURT A, TAMPA, F | | | | |
| Registered Office Address (MUST BE FLORIDA STREET) | | | | |
| 13302 WINDING OAK COURT A, TAMPA, | FL 33612 | | | |
| . FL | tables | | | |
| | | | | |
| (b) REGISTERED AGENTS INC. | | | | |
| Enter name of NEW Registered Agent and/or NEW Registered | d Office address: | | | |
| 7901 4th St N | | | | |
| NEW Registered Office Address: | | | | |
| STE 300 | | | | |
| St. Petersburg | _33702 | | | |
| e change or changes are made, the Florida street address of ent will be identical. Or, in the case of a Florida limited lia is/were authorized by an affirmative vote of the members of a articles of organization or the operating agreement of the | ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registere iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. | | | |
| Adriahama Carry Signature of a member or authorized representative of a member | Adriahnna Curry / Manager | | | |
| signature of a member or authorized representative of a member | Printed or typed name of signee | | | |
| ovisions of all statutes relative to the proper and complete e obligations of my position as registered agent as provide merely reflect a change in the registered office address, I i uffed in writing of this change. | ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acceed for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been | | | |
| Bill Havre / Secretar | ıy | | | |