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(Requestor's Name)	_					
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PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)	_					
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:	l					
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: Georgia Moon Soap and Candle Company, LIC 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:
Tammy Matsuo Name of Person
Georgia Now Soap and Cardle Company, Lie
16332 122 NDR N Address
Jup. Her, FL 33478 City/State and Zip Code
Georgia moon soap and Candle eg mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMMY Watsuo at (561) 723-5084
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

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.

Florida,	_		Λ	,		
1. Name of the limited liability cor	_{npany:} Geolous	Mbow 5	cap and (andle Comp	iny LLC	<u></u> _
2. (a) 16332 122rd DR	_N	(b) _	16332	122 mg 7	DR N	
Principal office address of (Note: MUST BE S			Mailing a	address of limited lial MAY BE POST OF		·:
Jupiter FL			Jupite	4, FL 33478		
33	478			33478	<u> </u>	
7-11-18			1 1800	0167030	ì	
-3. Date of filing/regist				nent number	<u></u>	
^			2 3 3 4 1			
5. (a) Registered Agent and Registered O	Hice shown on the recor	ds of the Florida De	ept. of State:			
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	IST BE FLORIDA STR		<u> </u>			
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St retersbu	<u>rq</u>	, fl <u>. 337</u>	50	<u>.</u>	क्रिज 🗷	र्जी सम्बद्धक
(b) TAMMY M	0+547			ن غ	7	7
Enter name of NEW Registered A	gent and/or NEW Regis	tered Office addre	<u>ss</u> :	គឺ គឺ		
16332 12	ard De	X		<u>1</u>	PM 3: 42	0
NEW Registered Office Address:		<u> </u>				
Jup.ter		.fl 33	1478			
If the limited liability company is no the change or changes are made, the	Florida street addre	ss of the registe	red office and tl	he business office	of the regis	stered
agent will be identical. Or, in the cawas/were authorized by an affirmati the articles of organization or the op-	ve vote of the memb	ers of the limite	ed liability comp	cany or as otherw	ise provided	s) I in
Tany Musa- Signature of a member or authorized repre				CafSud d or typed name of sig		
					-	
I hereby accept the appointment as provisions of all statutes relative to the obligations of my position as resto merely reflect a change in the rest notified in writing of this change.	registered agent and the proper and comp gistered agent as pro- gistered office addre.	d agree to act in plete performan wided for in Ch ss, I hereby con	this capacity. ce of my duties, apter 605, F.S. firm that the lim	I further agree to and I am familia Or, if this docum iited liability com	comply wit r with and a ent is being pany has be	h the iccept filed ien

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 FILING FEE: \$25.00

Signature of Registered Agent