

218000183047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

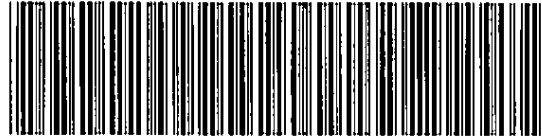
(Business Entity Name)

(Document Number)

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18 SEP -7 PM 5:30
CLERK OF COURT
HALL COUNTY, ALABAMA

CLERK OF COURT
SEP 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ala' Bella Interiors 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:

Nylma Carol
Name of Person

Ala' Bella Interiors LLC
Firm/Company

12270 4th Street E
Address

Treasure Island, FL 33706
City/State and Zip Code

nylma@alabellainteriors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nylma Carol at (727) 871-3865
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

**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.

1. Name of the limited liability company: Ala' Bella Interiors

2. (a) Principle Office
Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

405 8th Ave N
St. Petersburg FL 33701

(b) Principle Office
Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

405 8th Ave N
St. Petersburg FL 33701

3. 07/31/2018
Date of filing/registration in Florida

4. L18000183047
Document number

5. (a) Nylma Card
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

405 8th Ave N
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg FL 33701

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

12270 4th Street E
NEW Registered Office Address:

Treasure Island FL 33706

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]
Signature of a member or authorized representative of a member

Nylma Card
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 provisions of all statutes relative to 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.

[Signature]
Signature of Registered Agent

FILED
18 SEP - 7 PM 5:30
TALLAHASSEE, FLORIDA