

L15000188622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

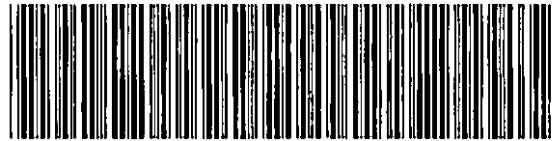
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100317079941

08/22/18--01012--001 **25.00

FILED

18 SEP 12 PM 5:58

COURT CLERK
TALLAHASSEE, FLORIDA

U SIMMONS
SEP 13 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2018

AMBER BLEPP
1600 E SUNRISE BLVD, #3506
FT LAUDERDALE, FL 33304

SUBJECT: CALLIGRAPHY TEES LLC
Ref. Number: L18000188622

We have received your document for CALLIGRAPHY TEES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter new registered agent name on 5b!

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00017974

RECEIVED
SEP 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALLIGRAPHY TEES 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:

AMBER BLEPP
Name of Person

CALLIGRAPHY TEES LLC
Firm/Company

1600 E. SUNRISE BLVD #3506
Address

FORT LAUDERDALE, FL 33304
City/State and Zip Code

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

For further information concerning this matter, please call:

AMBER BLEPP at (954) 257-1011
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: CALLIGRAPHY TEES
2. (a) 1600 E. SUNRISE BLVD #3506 (b) 1600 E. SUNRISE BLVD #3506
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- FORT LAUDERDALE, FL FORT LAUDERDALE, FL
33304 33304
3. August 7, 2018 4. L18000188622
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

- (b) Amber Blepp
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1600 E. SUNRISE BLVD
NEW Registered Office Address:
3506

FORT LAUDERDALE, FL 33304

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.

Amber Blepp
Signature of a member or authorized representative of a member

Amber Blepp
Printed or typed name of signer

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.

Amber Blepp
Signature of Registered Agent

FILED
18 SEP 12 PM 5:58
TALLAHASSEE, FLORIDA