

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000292006 3)))



H190002920063ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	•		
To:			
10.	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		
	1 (022) 000 1010	:- `.	ري
*Enter the e	mail address for this business entity to be us	ed for fu	ture
annual	report mailings. Enter only one email address p	lease.**	-:
		÷	4
Email Ac	idress:	•	
		• •	
		F1	٠٠٠٠
		.,	
	LLC REGISTERED AGENT CHANGE	ĩ ·	• •
	— 	.2 -	<u>ा</u>
	I-GIRL 2 LLC		-

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

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

I. Na	ame of the limited liability company: 1-GIRL 2	LLC		
2. (a)	411 WALNUT ST #11183	(b) 411 WALNUT ST #11183		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	GREEN COVE SPRINGS, FL 32043		GREEN COVE SPRINGS, FL 32043	
	08/14/2018	– – L1	8000194730	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CORPORATE CREATIONS NETWORK INC	·		
	Registered Agent and Registered Office shown on the records of t	he Florida De	pt. of State:	
	11380 PROSPERITY FARMS RD #22	21E		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	(2)	
(b)	PALM BEACH GARDENS .FL. Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	33410	Si (7)	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		
the cha agent s was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ibility comp I the limite	red office and the business office of the registered bany, it is hereby confirmed that the change(s) of liability company or as otherwise provided in	
	Rilly Pak	Riley		
	iture of a member or authorized representative of a member		Printed or typed name of signee	
provis The obj To mer notifie	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is dim writing of this change. Bill Havre - Assistant	performand I for in Cha weeky conf	ce of my duties, and I am familiar with and accep- ipter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	
	ne of Registered Agent	. Secretai	у	