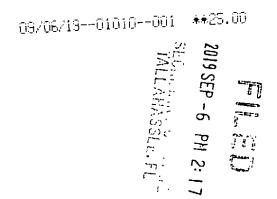
## L18000206823

(Requestor's Name)			
(Address)			
,			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dasiness Emily Name)			
(Document Number)			
Certified Copies Certificates of Status			
<del></del>			
Special Instructions to Filing Officer:			

Office Use Only



000333522380





## COVER LETTER

TO: Registration Section Division of Corporations					
BOLD + BOHEME LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerni	ng this matter to the following:				
Lateefah Lintz					
Name of Person					
BOLD + BOHEME LLC					
Firm/Company					
9187 SW 34th Ct.					
Address					
Miramar, FL 33025					
City/State and Zip Co	ode				
LMLintz@yahoo.com					
E-mail address: (to be used for future	re annual report notification)				
For further information concerning this m	natter, please call:				
Lateefah Lintz	562 824-8903				
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	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.

2 ()	Lateefah Lintz	" Lateefa	h Lintz	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	9187 SW 34th Ct.	9187 SV	W 34th Ct.	
	Miramar, FL 33025	Miramai	r, FL 33025	
	08/29/2018	L180002	06823	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	i, INC.		
3. (u)	Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of Star	te:	
	UNITED STATES CORPORATION AGENTS	S, INC.	s. <b>2</b> 1	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	5575 S. SEMORAN BLVD. SUITE 36		SEP SEP	
	ORLANDO , FL	32822	-6 T	
(b)	Lateefah Lintz		P-6 PH 2: 17	
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	17	
	Lateefah Lintz			
	NEW Registered Office Address:		_	
	9187 SW 34th Ct.		_	
	Miramar , FL	33025	_	
the cha agent was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the li-	the registered offic bility company, it i the limited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.	
Signa	ture of a member or authorized representative of a member	****	Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	re to act in this cap berformance of my for in Chapter 60. ereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or. if this document is being filed the limited liability company has been	

Signature of Registered Agent