L1800	0208335
(Requestor's Name) (Address) (Address)	600370881886
(City/State/Zip/Phone #)	08/02/2101018016 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED 2021 SEP -1 PH 5: 42 SECRETARY OF STATE MALLAHASSET PLOT
Office Use Only	5910312021 JH



FLORIDA DEPARTMENT OF STATE 211 SEP -1 AM 10: 15 Division of Corporations

August 18, 2021

- <u>- - -</u> -

DENISE TUCKER 8258 WILL BEACH DRIVE RIVERVIEW, FL 35578 US

SUBJECT: MAKING DEALS IN HEELS, LLC Ref. Number: L18000208335

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP OR LIMITED LIABILITY PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 521A00019826

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallabassee Florida 32314

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Making Deals In Heels 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:

Denise Tucker

Name of Person

Making Deals In Heels LLC

Firm/Company

8258 Willow Beach Drive

Address

Riverview, FL 33578

City/State and Zip Code

dltucker00@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_ at (813 **Denise Tucker** <mark>) 438-3773</mark> Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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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.

	me of the limited liability company: M	aking Deals I	n Heels LLC		
a)	8258 Willow Beach Drive		(b)		
	Principal office address of limited liabili (Note: MUST BE STREET ADD			Mailing address of limite (Note: MAY BE POS	d liability company:
	Riverview, FL 33578				
	August 30, 2018		– L180	00208335	
	Date of filing/registration in Fl	orida	4.	Document number	
a)	Registered Agents Inc.				
	Registered Agent and Registered Office shown of 7901 4th Street North, Suite 300	on the records of t	he Florida Dept.	of State:	
	Registered Office Address (MUST BE FLO)	<u>RIDA STREET A</u>	<u>(DDRESS)</u>		_2
					T ST
	St. Petersburg	, FL_	33703		SE
))	Ariele Green	, * 2			MAI SEP -1 PH 5:40
	Enter name of NEW Registered Agent and/or N	iEW Registered	Office address:		Fig PA
	6720 S. Florida Avenue				7.03
	NEW Registered Office Address				
	Lakeland	EI.	33813		

Jonn Jucker Signature of a member or authorized representative of a member enise i ucr

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.

Ariele Green

Signature of Registered Agent

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

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