L18000 254203

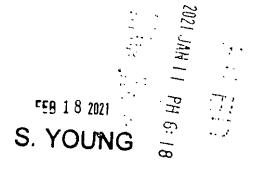
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	ne)		
	ocument Number)			
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Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	•	•			
SUBJE	Reformed Angry Black Girl, LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered C	Office Change and I	fee(s) are submitted for filing.			
Please 1	return all correspondence concerning	this matter to the f	ollowing:			
Kasey C	Cooper					
	Name of Person					
Reforme	ed Angry Black Girl, LLC					
	Firm/Company		_			
2212 S (Chickasaw TRL #1161					
	Address					
Orlando	, FL 32825					
	City/State and Zip Code		_			
kasey.cc	ooper@reformedangryblackgirl.com					
E-	mail address: (to be used for future a	nnual report notific	cation)			
For furt	her information concerning this matte	er, please call:				
Kasey C	ooper	386 at (384-9997			
	Name of Person	(Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following	ıg 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. N	ame of the limited liability company: Reformed Angry	Black C	irl, LLC	
2. (a)	2212 S Chickasaw TRL		(b) 2212 S	S Chickasaw TRL
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#1161		#1161	
	Orlando, FL 32825		Orland	lo, FL 32825
	11/2/2018		L180002	258203
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Kasey Cooper			
J. (4)	Registered Agent and Registered Office shown on the records of 4023 W Ponkan Road	the Flor	da Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u>	<u>S.S.)</u>	- 20
				2021 JAN 1
	Apopka , FI	32712		
(b)	Kasey Cooper			, — ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office	iddress:	<u></u> ق
	2212 S Chickasaw TRL			
	NEW Registered Office Address:			
	#1161			
	Ortando , FI	32825		
change agent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the li limited	red office company, mited liab	and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
Signa	nure of a rhymber of authorized representative of a member	_		Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I is a first of this change.	vertori	nance of r	nv duties, and I am familiar with and accept -