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RAR 18 2019

QUEENULHU LLC

OLIVIA MARIE HAMLTON | CEO, Founder queenulhu@gmail.com | queenulhu.com

March 12, 2019

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS Corporate Records P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Queenulhu LLC Ref. Number: L18000261934

As noted on the following letter from Deborah Bruce, I paid \$35 to have these records changed, however on the forms I was sent to correct the documents I printed off the internet (which indicated a filing fee of \$35) it appears that the filing fee is truly \$25. You can refund me the excess \$10 I sent previously by making a check made out to:

Queenulhu LLC P.O. Box 2005 Saint Leo, FL 33574

Thank you for your assistance.

Olivia Hamilton, CEO



January 14, 2019

OLIVIA HAMILTON 33601 FL S2 #200S ST LEO, FL 33574

SUBJECT: QUEENULHU LLC Ref. Number: L18000261934

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 719A00000976

Deborah Bruce Corporate Records Supervisor

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: QUEENULHU UC Name of Lin	nited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please	ereturn all correspondence concerning this matter	to the following:	
<u></u> 0u	Name of Person		
Qu	Firm/Company		2019 1
Po	BOX ZOOS Address		2019 HAR 15 PH
SAID	NT LEO, FL, 33574 City/State and Zip Code		F97
Qu	E-mail address: (to be used for future annual repo	ort notification)	
For fu	arther information concerning this matter, please of	call:	
<u> </u>	Name of Person) 563 QOH1 661 Area Code & Daytime Teleph	none 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 amoun	t:	
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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.

(a)		(b) . !	·
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	33601 FL-52 #2005	Qu	EENWHU, It C
	5AINT LED, FL, 33574	Po	30x 2005, SANTLEO, FL, 335
	11/11/2018	_L18	3000261934
	Date of filing/registration in Florida	4.	Document number
(a)	, t		
` ′	Registered Agent and Registered Office shown on the records of the	e Florida Dept. o	of State:
	OHVIA	HAMILT	TON
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	12852 CHRISTMAS DR		
	SAINT VEO , FL	33574	201
(b)	<u> </u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	धा
	NEW Registered Office Address:	-	
	33601 FL-52 #2005	<u>. </u>	
		22511	
	SAINT LEO	<u> </u>	
the l	imited liability company is not organized under the law	s of the State of	of Florida, it is hereby confirmed that after
ent v	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	bility company	y, it is hereby confirmed that the change(s)
as/w	ere authorized by an affirmative vote of the members of içles of organization or the operating agreement of the l	the limited lia	ability company or as otherwise provided in
	icles of organization of the operating agreement of the		
Signa	ture of a member or authorized representative of a member	-OLIVIA	Printed or typed name of signee
here	hy accept the appointment as registered agent and agre	ee to act in this	s capacity. I further agree to comply with the
	ione of all etabutes relative to the proper and complete t	restarmance a	a my duttes, and Lam tamillar With and accept
rovis.	ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	Tor in Chapte	er 605 F.S. Or. II this document is being luca

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

Signature of Registered Agent