

L1900000 2781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

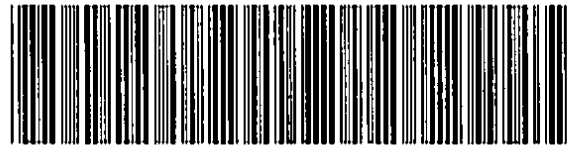
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300327197313

04/08/19--01013--036 ++25.00

2019 APR -8 PM 5:09

FILED

R. Alch

APR 12 2019

ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FUSTLE 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:

LESLIE COOPER  
Name of Person

FUSTLE  
Firm/Company

9797 S2 STANLEN ST  
Address

HOBE SOUND FL 33455  
City/State and Zip Code

FUSTLEmedia@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESLIE COOPER at ( 215 ) 561 568 7308  
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

**MAILING ADDRESS:**

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.*

1. Name of the limited liability company: FUSTLE LLC

2. (a) 9797 SE SHARON ST (b) 9797 SE SHARON ST  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Hobe Sound FL 33455 Hobe Sound FL 33455

3. 12/31/18 Date of filing/registration in Florida 4. L19000002781 Document number

5. (a) Hanshu Bahl  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9797 SE Sharon St  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Hobe Sound FL 33455  
\_\_\_\_\_, FL \_\_\_\_\_

(b) LESLIE COOPER  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

9797 SE Sharon St  
NEW Registered Office Address:  
Hobe Sound FL 33455  
\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Leslie Cooper  
Signature of a member or authorized representative of a member

LESLIE COOPER  
Printed or typed name of signer

*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.*

Hanshu Bahl  
Signature of Registered Agent