

L190000 14629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

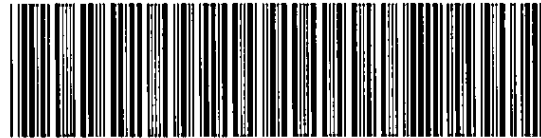
(Business Entity Name)

(Document Number)

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2019 APR 18 PM 2:47
STATE
TOLSON, J. E. PL

R. WHITE

APR 19 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2019

TEQUILA WALKER
PO BOX 220922
W PALM BEACH, FL 33422

SUBJECT: KREATE'N STYLE BOUTIQUE LLC
Ref. Number: L19000014629

We have received your document for KREATE'N STYLE BOUTIQUE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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.

Rebekah White
Regulatory Specialist III

Letter Number: 919A00007809

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kreate'N Style Boutique 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:

Tequila Walker

Name of Person

Kreate'N Style Boutique LLC

Firm/Company

PO Box 220922

Address

West Palm Beach, FL 33422

City/State and Zip Code

contactus@kreate-nstyle.com

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

For further information concerning this matter, please call:

Tequila Walker

Name of Person

at (561) 313-9686

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: Kreate.N Style Boutique LLC

2. (a) 1401 S Military Tr. Ste I-2 (b) PO Box 220922

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

West Palm Beach, FL 33415

West Palm Beach, FL 33422

01/14/2019

L19000014629

3. Date of filing/registration in Florida 4. Document number

5. (a) Dorothy Williams

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1490 S Military Tr Ste 2

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

West Palm Beach, FL 33415

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

Tequila Walker

NEW Registered Office Address:

1401 S Military Tr Ste I - 2

West Palm Beach, FL 33415

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.

Signature of a member or authorized representative of a member

TEQUILA WALKER
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.

Signature of Registered Agent

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