

L19 000035298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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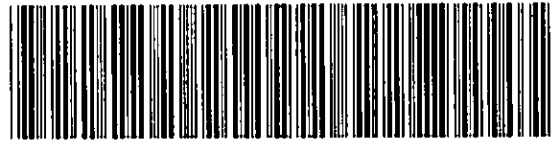
(Business Entity Name)

(Document Number)

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CORPORATIONS

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE LOVELY PEARL 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:

KRISTA SACKS

Name of Person

THE LOVELY PEARL

Firm/Company

247 SAN MARCO AVE #A

Address

ST. AUGUSTINE FL 32084

City/State and Zip Code

KSACKS FINE ART@GMAIL.COM

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

For further information concerning this matter, please call:

KRISTA SACKS

Name of Person

at ( 904 ) 887 7050

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

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STATE  
DIVISION OF CORPORATIONS

**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: THE LOVELY PEARL

2. (a) 247 SAN MARCO AVE #A (b) ← SAME

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SAINT AUGUSTINE FL 32084

3. Oct, 21, 2019 Date of filing/registration in Florida 4. L190000 35298 Document number

5. (a) 356 JUANITA AVE. KRISTA SACKS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

356 JUANITA AVE. #B

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST. AUGUSTINE, FL 32084

(b) KRISTA SACKS

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

247 SAN MARCO AVE. UNIT A

**NEW Registered Office Address:**

SAINT AUGUSTINE, FL 32084

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.

Krista Sacks  
Signature of a member or authorized representative of a member

KRISTA SACKS  
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.

Krista Sacks  
Signature of Registered Agent

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