

L19000100289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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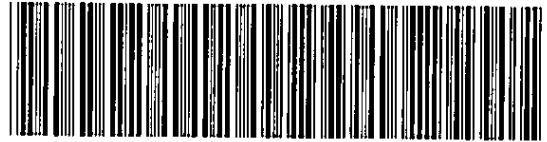
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poshy Couture 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:

Marina Eskenazi

Name of Person

Poshy Couture llc

Firm/Company

488 ne 18th st

Address

MIAMI FLORIDA 33132

City/State and Zip Code

sycra@gmail.com

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

For further information concerning this matter, please call:

Marina Eskenazi

at (305) 5094026

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 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: Poshy Couture llc
2. (a) 488 ne 18th st MIAMI 33132
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) Miss Marina Eskenazi 488 NE 18TH ST miami 33132, FL
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 04/28/2021 Date of filing/registration in Florida
4. L19000100289 Document number

5. (a) 04/28/2021
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Marina Eskenazi
UNITED STATES CORPORATION AGENTS, INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Marina Eskenazi 488 ne 18th st
5575 S SEMORAN BLVD
SUITE 36 ORLANDO FL 32822

- (b) Marina Eskenazi 488 ne 18th st 33132 FL
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

MISS MARINA ESKENAZI
NEW Registered Office Address:
488 NE 18TH ST (APT 4202)
Miami FL 33132

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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

MARINA ESKENAZI
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