

L19000112271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

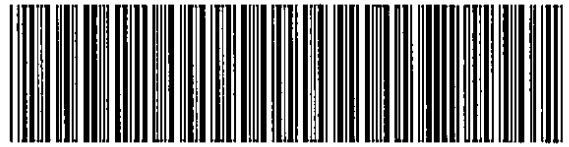
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVASBLISS 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:

KERRY DAVIDSON

Name of Person

DIVASBLISS COUTURE LLC.

Firm/Company

1500 NW 128TH DRIVE APT 302

Address

SUNRISE FL 33323

City/State and Zip Code

LEGETT@MYNSU.NOVA.EDU

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

For further information concerning this matter, please call:

KERRY DAVIDSON

561

3082292

at ()

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

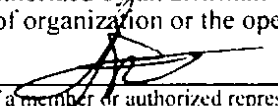
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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.

DIVASBLISS COUTURE LLC

| | |
|--|---|
| 1. Name of the limited liability company: <u>DIVASBLISS COUTURE LLC</u> | |
| 2. (a) <u>1500 NW 128 DRIVE</u> | (b) <u>1500 NW 128TH DRIVE</u> |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| <u>APT 302</u> | <u>APT 302</u> |
| <u>SUNRISE FL 33323</u> | <u>SUNRISE FL 33323</u> |
| <u>APRIL 24, 2019</u> | <u>L19000112271</u> |
| 3. Date of filing/registration in Florida | 4. Document number |
| <u>STENNETT DAVIDSON</u> | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>DIVASBLISS COUTURE</u> | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>1500 NW 128TH DRIVE, APT 302</u> | |
| <u>SUNRISE</u> | <u>33323</u> FL |
| (b) <u>KERRY DAVIDSON</u> | |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | |
| <u>DIVASBLISS COUTURE</u> | |
| NEW Registered Office Address: <u>1500 NW 128TH DRIVE APT 302</u> | |
| <u>SUNRISE</u> | <u>33323</u> 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.


Signature of a member or authorized representative of a member

Kerry Davidson
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.

Stennett Davidson
Signature of Registered Agent