## L19000151097

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
•		
(Document Number)		
, ,		
Certified Copies Certificates of Status		
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 $06.765.26-01003-031 \quad \bullet 635.00$ 



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: My BONSON ANTIST Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ellowing:
MNdSUY DAMBURG Name of Person	_
My BONSU Art 1Stry, U. Firm/Company	<u>C</u>
1717 FRUITVIUL ROad	_
Sakasota Pl 34236 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, please call:	
hnasay tanubled at (94) Name of Person	) 348 83 5 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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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. Na	ame of the limited liability company: MY BONSAI ATTISTY	LLC
2. (a)		
	· · · · · ·	ss of limited liability company:  Y BE POST OFFICE BOX)
	July Ringing Blud. Unit 963 peles Ringe	ing Blud Unit
	Sakasota, Pl 34230 Sakasota, F	7234230
		000151097
<b>3</b> .	Date of filing/registration in Florida 4. Document	number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	1
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	5237 SUMMERIA COMMONS Ste. 40	0
	Fort Myers F1. 33907	22.3.
(L)		1
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	Co
		±±. 53
	Lindsay Daniberg	<del>정</del> 22
	NEW Registered Office Address:	*3
	1717 Fevitville Road	
	Sarasota Fr. 34234	
thange agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is he or changes are made, the Florida street address of the registered office and the busine will be identical. Or, in the case of a Florida limited liability company, it is hereby concre authorized by an affirmative vote of the members of the limited liability company cicles of organization or the operating agreement of the limited liability company.	ss office of the registered of the change(s)
Signat	ture of a member of authorized representative of a member Printed or type	ped name of signee
provisie the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further ions of all statutes relative to the proper and complete performance of my duties, and I ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if ely reflect a change in the registered office address, I hereby confirm that the limited I do not not appear to this change.	her agree to comply with the lam familiar with and accept this document is being filed iability company has been
Signatur	re of Registered Agent	