

L1900015829Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

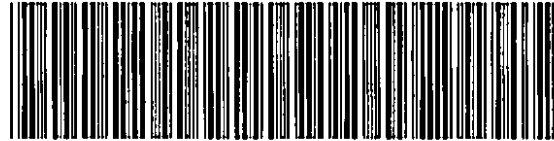
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400357057934

01/14/21--01016--030 \*\*25.00

FILED  
2021 JAN 14 AM 9:55  
STC  
U.S. DISTRICT COURT  
NORTH DAKOTA  
GRAND FORK

O SIMMONS

FEB 20 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lovely Sweets 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:

Kyra Harris  
Name of Person

Lovely Sweets Boutique LLC  
Firm/Company

1317 Edgewater Dr. # 292  
Address

Orlando FL 32804  
City/State and Zip Code

Kyrastouch@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyra Harris at (407) 449-1026  
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: Lovely Sweets Boutique LLC
2. (a) 1317 Edgewater Drive (b) 501 S Kirkman Rd  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- #292 PO Box 618205  
Orlando FL 32804 Orlando FL 32811  
06/14/2019 L190000158292
3. Date of filing/registration in Florida 4. Document number

5. (a) Kyra P. Harris  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

501 S Kirkman Rd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 617472  
Orlando, FL 32811

- (b) Kyra P. Harris  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1317 Edgewater Dr.  
NEW Registered Office Address:  
#292  
Orlando, FL 32804

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.

Kyra P. Harris  
Signature of a member or authorized representative of a member

Kyra P. Harris  
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.*

Kyra P. Harris  
Signature of Registered Agent