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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations				
SUBJECT:	Sleeves by Susie, LLC				
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to the	e following:		
Rachelle A	۸. Butts				
	Name of Person				
Sleeves by	y Susie, LLC				
	Firm/Company				
840 SW 8	1st Avenue, Fourth Floor				
	Address				
North Laud	derdale, Florida 33068				
	City/State and Zip Code				
	zeagency.com				
E-mail	address: (to be used for future and	nual report not	ification)		
For further in	nformation concerning this matter	, please call:			
Rachelle A	a. Butts	734 at (320.8805		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi: Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	R D P	failing address: egistration Section fivision of Corporations O. Box 6327 allahassee, Florida 32314		
Encl	osed is a check for the following	g amount:			
2 \$2	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. Na	ame of the limited liability company: Sleeves by S	Susie,	, LLC
2. (a)	Sleeves by Susie, LLC		(b) Sleeves by Susie, LLC
()	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	840 SW 81st Avenue, Fourth Floor		840 SW 81st Avenue, Fourth Floor
	North Lauderdale, Florida 33068	_	North Lauderdale, Florida 33068
	07/2019		L19000180003
3.	Date of filing/registration in Florida	_ 4.	. Document number
5. (a)	Mark Young		
υ. (u)	Registered Agent and Registered Office shown on the records of	the Flor	orida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	RESS)
	840 SW 81st Avenue, Penthouse One		
	North Lauderdale	3306	968 71
(b)	Rachelle A. Butts		
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	e address:
	NEW Registered Office Address:		
	840 SW 81st Avenue, Fourth Floor		
	North Lauderdale , Ft	3306	68
the cha agent v was/we	vill be identical. Or, in the case of a Florida limited li	f the re ability of the l limite	registered office and the business office of the registered y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in
Signal	ture of a member or authorized representative of a member	_	Printed or typed name of signee
provisi the obl. to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change.	ree to a perfoi d for i hereby	act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or. if this document is being filed by confirm that the limited liability company has been
Signatu	re of Registered Agent		

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00