## L19000199779

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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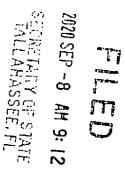




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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BUNGALOW STITCHES 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:
STEVEN V HULSLAND ER Name of Person
Firm/Company
3414 W BARCELONA STREET Address
TAMPA, Ft. 33629  City/State and Zip Code
SHULS LAND ER @ TAMPABAY. RR. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVEN V HULSLANXRat (813) 340-5556  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration Section

Enclosed is a check for the following amount:

□ \$25 Filing Fee

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

\$55 Filing Fee & Certified Copy

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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.	Nai	me of the limited liability company: BUNGALOW STITCHES LLC
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		TAMPA, FL 33629 TAMPA, FL 33629
3.		August 6, 2019 L19000 199779  Date of filing/registration in Florida 4. Document number
5.		UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		SS75 S SEMURAN BLUD.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		SUITE 36
		ORLANDO FL 32822
(	b) ,	STEVEN V HULSLANDER Enter name of NEW Registered Agent and/or NEW Registered Office address:
		3414 W BARC ELONA STREET  NEW Registered Office Address:
		TAMPA FL 33629
char ager was	nge n w /we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	$\mathcal{A}$	teles of organization or the operating agreement of the limited liability company.  **TELESA M HULSLANDER**  Ure of a member or authorized representative of a member Printed or typed name of signee
I he pro- the to n	erek visio obli tere	ure of a member or authorized representative of a member.  Printed or typed name of signee  over accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept  gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed  ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been  I in writing of this change.

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

Signature of Registered Agent