

L19 000 237 903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

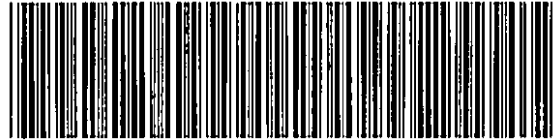
(Business Entity Name)

(Document Number)

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2021 JUL -2 PM 12:02
TALLAHASSEE, FL

JUL 26 2021
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The East Flower LLC
Name of Limited Liability Company

Dear Sir or Madam: L19000237903

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

L. Tellam

Name of Person

The East Flower LLC

Firm/Company

300 N New York Ave No 874

Address

Winter Park FL 32789

City/State and Zip Code

lczaskly @ icloud.com

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

For further information concerning this matter, please call:

Liza Tellam

Name of Person

at (407) 288 2414

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: The EAST FLOWER LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) LEZA TELLAM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

25 Stymie Place

Winter Park, FL 32789

(b) LEZA TELLAM
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6330 N. Andrews Avenue
NEW Registered Office Address:

MO 273

Ft Lauderdale, FL 33309

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], CEO
Signature of a member or authorized representative of a member

LEZA S. TELLAM
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 the change.

[Signature]
Signature of Registered Agent