119000 260 406

| (Requestor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Ad | dress) | | | | |
| (Cit | ry/State/Zip/Phon | e #) . | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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COVER LETTER

| | egistration Section vision of Corporations | | | | |
|-----------------|---|--------------------|--|--|--|
| SUBJECT | Little Island Design, LLC. | | | | |
| | Name of Limited Liability Company | | | | |
| Dear Sir or | r Madam: | | | | |
| The enclos | sed Registered Agent/Registered Offic | ce Change and fo | ee(s) are submitted for filing. | | |
| Please retu | irn all correspondence concerning this | s matter to the fo | oflowing: | | |
| Jennifer Qu | iiroz, | | | | |
| | Name of Person | 7 ° 5 - 4 × ° ° | _ | | |
| Little Island | d Design, LLC | | | | |
| | Firm/Company | <u></u> . | _ | | |
| 6166 Laude | erdale Street | | | | |
| | Address | - | _ | | |
| Jupiter, FL | 33036 | | | | |
| | City/State and Zip Code | | _ | | |
| jenquirozde | esign@gmail.com | | | | |
| E-ma | il address: (to be used for future annu | ial report notific | ation) | | |
| For further | information concerning this matter, | olease call: | | | |
| Jennifer Qu | iroz | 786 at (| 340-2468 | | |
| | Name of Person | (| Area Code & Daytime Telephone Number | | |
| Re Di P.0 | ailing Address: egistration Section vision of Corporations O. Box 6327 dllahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| En | nclosed is a check for the following a | amount: | | | |
| × | \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | | |

INHS18 (2/14)

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.

| l. Na | nme of the limited liability company: Little Island Desi | gn, LLC | | |
|---------------------|---|---|---|---|
| 2. (a) | LITTLE Island Dexian LLC | (b) | LITTLISLAND De | Mun ILC. |
| (u) | Principal office address of limited liability company: | (0)_ | Mailing address of limit | ed liability company: |
| | (Note: MUST BE STREET ADDRESS) | D | (<u>Note: MAY BE PO.</u> | <u>ST OFFICE BOX</u>) |
| | 81927 Overseas hwy | | <u>0,60x 1415</u> | |
| | Islamorada PL 33136 | | ilamurada P13 | 3036 |
| | 10/16/2019 | 1 | _19000 26040(| 0 |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | Quiroz, Jennifer R | | | |
| , , | Registered Agent and Registered Office shown on the records of | the Florida Dep | t. of State: | |
| | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | 2020 |
| | 202 Navajost | | . | APR II |
| | Tavernier , FI | 33170 |) | 2020 APR 10 |
| | 1 (2 12 | <u> </u> | | |
| (b) | Jennitar Quiroz/Quiroz, Jen | | · | <u> </u> |
| , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address | | PH 7: 03 |
| | | | | |
| | NEW Registered Office Address: | | | |
| | 6166 Lauderdale Street | | | |
| | | | | |
| | Jupiter . FI | 33458 | | |
| If tha li | mited lightlity company is not associated and a the land | | | - |
| cnange | mited liability company is not organized under the law or changes are made, the Florida street address of the | registered of | fice and the business office | of the registered |
| was/we | vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of | of the limited | liability company or as oth | hat the change(s) |
| the artic | cles of organization or the operating agreement of the | limited liabil | ity company. | • |
| | ure of a righthouse of a member | JEMY | Printed or typed name | |
| . 1 | by accept the appointment as registered agent and agr | aa to aat in tl | Printed or typed name | of signee |
| provision the obli | ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been as this observed. | ee 10 act in tr performance I for in Chan | us capacity. I juriner agre of my duties, and I am fam tar 605 E.S. Or if this do | e to comply with the iliar with and accept |
| to mere notified | ly reflect a change in the registered office address, I h I'in writing of this c han ge. | ereby confir | n that the limited liability o | ompany has been |
| 10 | Marcha Mariago | | | |
| Signatur | e of Registered Agent | | | |

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