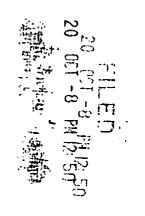
LZ0000003187

Office Use Only



600352859196

10/08/20--01007--015 ++25.00



MAN LAND

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	With Style Events, LLC ECT:					
27 27 27 11	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered (Office Change and	d fee(s) are submitted for filing.			
Please	ereturn all correspondence concerning	this matter to the	e following:			
Exceli	ane Joseph					
	Name of Person	<u> </u>				
With S	Style Events, LLC					
	Firm/Company					
5379 1	Lyons Rd # 3125					
	Address					
Cocon	ut Creek, FL 33073					
	City/State and Zip Cod	e				
withst	yleeventsfl@gmail.com					
	E-mail address: (to be used for future	annual report noti	fication)			
For fu	rther information concerning this mat	ter, please call:				
Exceli	ane Joseph	786 at (252-6888			
	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	ing amount:				
■ \$25 Filing Fee		a :	☐ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassionits 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: With Style Events.	, LLC		
2. (a)			(b))
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	` '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5379 Lyons Rd # 3125			5379 Lyons Rd # 3125
	Coconut Creek, FL 33073	_		Coconut Creek, FL 33073
	12/23/2019		j	L20000003187
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a)	Exceliane Joseph			
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records of t	he Flori	da	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRE:	SS	2
	1312 Coriander Dr			
	Poinciana	34759		
	, FL			
(b)	Exceliane Joseph			
	Enter name of NEW Registered Agent and/or NEW Registered	dress:		
				14 S
	NEW Registered Office Address:			,
	5379 Lyons Rd # 3125			<u> </u>
	Coconut Creek . FL	33073		
change agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the structure of a member of authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete play accept the appointment as registered agent as provided ely reflect a change in the registered office address, I had in writing of his change.	registe bility of f the li limited ee to accepted	erecenti mi l li ct	State of Florida, it is hereby confirmed that after the doffice and the business office of the registered impany, it is hereby confirmed that the change(s) ited hability company or as otherwise provided in jability company. Printed or typed name of signee in this capacity. I further agree to comply with the tince of my duties, and I am familiar with and accept