LZO 000039240

(Requestor's Name)	
(Address)	90035587
(Address)	90033307
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	12/11/2001011
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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JAN 2 6 2021 ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
Visible Sparkle LLC SUBJECT:	
	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 m	natter to the following:
Nathan Blake Jr	
Name of Person	
Visible Sparkle LLC	
Firm/Company	
1540 International Pkwy Suite 2000	
Address	
Lake Mary, FL 32746	
City/State and Zip Code	
nbvisiblesparkle@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Nathan Blake Jr	321 209-3380 at ()
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 am	nount:
■ \$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.

1. Na	ime of the limited liability company: Visible Sparkle LL	.C		
2. (a)	1540 International Pkwy Suite 2000	(I	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)
	Lake Mary, FL 32746	_		
	2/3/2020	_	L20000039	240
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Rikesha H Blake			
.,	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of Sta	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	709 Remington Oak Dr			_
	Lake Mary FL	32746		-
(b)	Virginia Tate			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ac	idress:	氨
	Tate Enterprise	··- <u></u>)
	NEW Registered Office Address: 1545 ElmwooJ Aw			_
	Kissimmee , FL	34	794	_
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member or authorized representative of a member of the law to accept the appointment as registered agent and agree its provided agent as provided agent of this change in the registered office address. I have a few testing of this change.	register bility co f the lin limited Nati	ed office are perpendicular to the distribution of the distributio	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signce pacity. I further agree to comply with the duties, and I am familiar with and accept