

L20000044379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

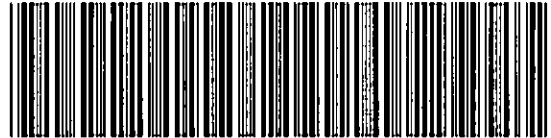
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 28 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 08 2021

CONNELL



2021 SEP 20 PM 2:08

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2021

TAYLER DEGRANDE
428 DIVISION STREET
ELGIN, IL 60120

SUBJECT: TRANSFORM FASHION LLC
Ref. Number: L20000044379

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 121A00021338

✓

9/28
BACH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSFORM FASHION 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:

TAYLER DEGRANDE

Name of Person

Firm/Company

428 DIVISION STREET

Address

ELGIN, IL 60120

City/State and Zip Code

TAYLER.DEGRANDE@GMAIL.COM

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

For further information concerning this matter, please call:

TAYLER DEGRANDE at (586) 770-9464
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 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: TRANSFORM FASHION LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

428 Division Street

Elgin, IL 60120

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

425 Division Street

Elgin, IL 60120

FEBRUARY 6, 2020

L20000044379

3. Date of filing/registration in Florida

4. Document number

5. (a) NATHAN GOULD

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6608 S. WESTSHORE BLVD #1211

TAMPA, FL 33616

(b) NATHAN GOULD

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

117 LANCHA CIRCLE, #202

INDIAN HARBOUR BEACH, FL 32937

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

TAYLER DEGRANDE

Printed or typed name of signer

Signature of a member or authorized representative of a member

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 this change.

Signature of Registered Agent