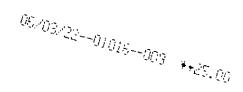
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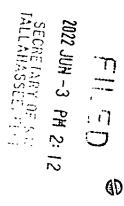
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lyric's Closet 1 Name of Limited L	iability 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:
Kimberly Padactt	
Lyric's Closet Firm/Company	
13656 Beauregard Place	.
Orlando, FL 32837 City/State and Zip Code	
K Padgett 830 @gmail. 6 E-mail address: (to be used for future annual report notifi	COM ication)
For further information concerning this matter, please call:	
Kimbery Padgett at (407) Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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. Na	Name of the limited liability company:LYrICS	010	set_	uc		
	13656 Beauvegard PL Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailin	Booler g address of limited li e: MAY BE POST O	ability company	
	Orlando, FL 32837	_(Orlan	du, FL	328	<u>37</u>
	2/24/2020			XXX 6328	31	
3.	Date of filing/registration in Florida 4.			ment number		
5. (a)	United States Corporati			s, INC	یہ ہ	
	Registered Agent and Registered Office shown on the records of the Flo	_	t. of State:		SECRETARY TALLAHASS	
	5575 S. Semoran BLVD					= 11
	Registered Office Address (MUST BE FLORIDA STREET ADDR.	ESS)			53	
	36					7: 0
	<u>brlandu</u>	3282	22		्रकी स्ट्रा स	PH 2:
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	e address				<u></u>
	13656 Beauregard Pl					
	<u>Orlando</u> FL 3	283	37			
change agent v was/we	limited liability company is not organized under the laws of ge or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the ticles of organization or the operating agreement of the limited.	itered of y compa limited	ffice and the my, it is here liability con	business office of by confirmed that pany or as others	the registere t the change(ed s)
Signa	nature of a member or author and representative of a member		Prov	n Padac ed or typed name of s	+L	
I herei provisi the obl to meri	reby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfobligations of my position as registered agent as provided for it reflect a change in the registered office address, I hereby ed in writing of this change.	act in ti rmance in Chap y confir	his capacity.	I further agree to	- o comply witi	h the ccept filed en

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