Florida Department of State Divisione Comporations lectionic Ming Co

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

LLC REGISTERED AGENT CHANGE LUNAS ONLINE BOUTIQUE LLC

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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.

i. Na	une of the limited liability company: Lunas Or	nline E	Boutique	e 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)				
	09/15/2020		200001				
3.	Date of filing/registration in Florida	4.	Do	eument number	•		
5. (a)	LEGALINC CORPORATE SERVICES	SINC.					
,, (L.,	Registered Agent and Registered Office shown on the records of	the Florida D	ept, of State				
	5237 SUMMERLIN COMMONS						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)					
	SUITE 400						
	FORT MYERS 151	33907					
		·				20	
(b)	Registered Agents Inc.				<u></u> :	2022 APR	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:			PR	
	7901 4th St N					28 A	UBJ VKO
	NEW Registered Office Address:				<u> </u>	E	
	STE 300					8: 0-	
	St. Petersburg	33702			-	7	
the changent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registe lability con of the limit limited lia	ered office ar apany, it is he ed liability co	nd the business of creby confirmed company or as ot	office of that the	the re	gistered gc(s)
Signa	ature of a member or authorized representative of a member			inted or typed name	e of signee		
I here provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	performand for in Clause to the contract of th	nce of my dut napter 605, F ifirm that the	ty. I further agi ies, and I am fa. .S. Or, if this do limited liability	ree to com miliar wi ocument compan	mply v ith and is bei iy has	with the daccept ng filed been
Signati	Bill Havre - Assistar	ii Seciela	ai y				