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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	LIL BABES BOUTIQUE LLC						
2020	Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.					
Please 1	return all correspondence concerning this m	atter to the following:					
	DANA BAY						
	Name of Person						
	LIL BABES BOUTIQUE LLC						
	Firm/Company						
	404 ANDREW JACKSON TRAIL						
	Address						
	GULF BREEZE, FL 32561						
	City/State and Zip Code						
	boutique@gmail.com						
E	-mail address: (to be used for future annual	report notification)					
For fur	ther information concerning this matter, ple	ase call:					
DANA		731 616 - 2242					
	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	ount:					
	□ \$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.

Na	me of the limited liability company: LIL BABES BOUT	IQUE	LLC			
(a)	3188 GULF BREEZE PARKWAY	C	31 (c)	88 BREEZE PA	RKWAY	
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(Note:	ddress of limited liabi MAY BE POST OF	
	GULF BREEZE, FL 32563	-	GL —	JLF BREEZE, F	'L 32563	
		-				
	06/03/2020		L20	000150700		
(a)	Date of filing/registration in Florida ANDRIEA SCHWARTZ	4.		Docum	ent number	
(a)	Registered Agent and Registered Office shown on the records of the 3188 GULF BREEZE PARKWAY	e Florid	a Dep	t. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u>\$)</u>		2021 118 t	
	GULF BREEZE FL	2563				٠ ١
(b)	DANA BAY				<u>.</u>	포 (1)
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office a	idress	<u> </u>	LOWDY	<u>မှ</u> =
	SAME AS ABOVE (NO CHANGE)				ア	
	NEW Registered Office Address:					
						
	, FL_			 		
ange ent v is/we	imited liability company is not organized under the laws to or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the liabered.	egister oility co the lir imited	ed of ompa nited liabil	ffice and the bu any, it is hereby liability compa lity company.	isiness office of the confirmed that the any or as otherwise	ne registered ne change(s) se provided in
ignal	ture of a member or authorized representative of a member		<u> </u>	Printed	or typed name of sign	nee
ovisi e obl mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to ac erform for in ereby c	t in ta ance Chap confir	his capacity. I e of my duties, i oter 605, F.S. (m that the limit	further agree to c and I am familiar Or, if this documed ted liability compo	comply with the with and acce on is being file any has been

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

Signature of Registered Agent