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(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone #	f)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					
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Ja 10/26/20

COVER LETTER

TO: Registration Section Division of Corporations	, .	
Designs by Wendi SUBJECT:		
	me of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the	following:
Wendra Owens		
Name of Person		<u> </u>
Designs by Wendi		
Firm/Company		
4851 Bonita Bay Blvd. #2404		
Address	-\ -	_
Bonita Springs Fl 34134		
City/State and Zip Code		
wendiowens@me.com		
E-mail address: (to be used for future ar	inual report notif	Tication)
For further information concerning this matter	r, please call:	
Wendi Owens	317 at (590-8445
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	ng amount:	
□ \$25 Filing Fee	. 🖃 \$	55 Filing Fee & Certified Copy
INHS18 (2/14)		

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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.

1. 1	lame of the limited liability company: Designs by Wen	di 		_
2. (a)		(b) Wendra O	wens
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4851 Bonita Bay Blvd. #2404		4851 Bonit	a Bay Blvd. #2404
	Bonita Springs FL 34134		Bonita Spri	ngs FL 34134
	07/28/2020		L200002245	48
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a	Wendi Owens			
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u></u>	
	2404 Bonita Bay Blvd			
	Bonita Springs , F1	34134		
(b)	Wendra Owens			
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	
	4851 Bonita Bay Blvd.			
	NEW Registered Office Address:		-	
	Unit 2404			
	Bonita Springs . FL	34134		_
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 will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of organization or the operating agreement of the will be a member or authorized representative of a member	registere bility co f the lim limited li	mpany, it is lited liability iability comp	the business office of the registered hereby confirmed that the change(s)
the obl. to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been address.	ee to act performa for in C ereby co	in this capaç	ity. I further agree to comply with the