

L20 000272327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

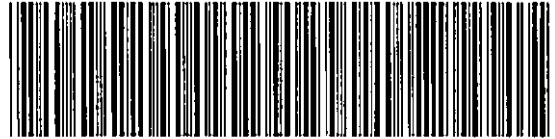
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600352412846

09/21/20--01024--025 **25.00

FILED
2020 SEP 21 PM 3:25
CLERK OF STATE
TALLAHASSEE, FL

JG 10/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carte Blanche Lux 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:

Christopher J Davis

Name of Person

Bernard Accounting Group

Firm/Company

150 Fortenberry Rd Ste A

Address

Merritt Island FL 32952

City/State and Zip Code

GTAD BAG-CRA.com

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

For further information concerning this matter, please call:

Chris Davis

Name of Person

at (321) 452-5064

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: CARLE BLANCHE LUX LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) Carter Roberts
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

638 NE 2nd Pl
Dania Beach 1, FL 33004

(b) Carter Roberts
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

638 NE 2nd Pl
Dania Beach, FL 33004

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.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

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

FILED
2020 SEP 21 PM 3:25
CLERK OF STATE
TALLAHASSEE, FL