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(Requestor's Name)							
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(City	y/State/Zip/Phone	≎ #)					
PICK-UP	WAIT	MAIL					
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(Do	cument Number)						
Certified Copies	_ Certificates	of Status					
Special Instructions to F	iling Officer:						

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COVER LETTER

Sanely Natural Designs LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Off	fice Change and	d fee(s) are submitted for filing.						
Please return all correspondence concerning th	is matter to the	e following:						
Lorine Wedderburn								
Name of Person	-							
Sanely Natural Designs LLC								
Firm/Company								
2901 Simms Street								
Address	_							
Hollywood, FL, 33020								
City/State and Zip Code								
Sanelynaturaldesigns@gmail.com	1							
E-mail address: (to be used for future and		incation)						
For further information concerning this matter	', please call:							
Lorine Wedderburn	954 at (274-7106						
Name of Person		Area Code & Daytime Telephone Number						
Mailing Address:		Street Address:						
Registration Section		Registration Section						
Division of Corporations		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	g 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	ame of the limited liability company: SANELY NATUR	AL DE	SIGNS LLC				
2. (a)	2901 Simms Street, Hollywood, FL 33020	(2901 Simr	nms Street, Hollywood, FL 33020			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited (Note: MAY BE POST	-		
3.	10/01/2020	_	1.200003099	,,,,		-	
٥.	Date of filing/registration in Florida Title MGR Lorine J Wedderburn	4.		Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 411 NW 102ND TERRACE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- :: -	299 DEC	\ **	
	PEMBROKE PINES FL 3	3026		- 	22		
(b)	Title MGR Lorine Wedderburn Enter name of NEW Registered Agent and/or NEW Registered C 2901 Simms Street NEW Registered Office Address:	Office ad	ldress:		PH 1:18	1. gd	
	Hollywood , FL ³	3020					
change agent was/we the article Signan I hereborovisic the oblite motified	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited of a member or authorized representative of a member on a member of all statutes relative to the proper and complete per actions of my position as registered agent as provided if y reflect a change in the registered office address. I he is a feet of Registered Agent ()	egistere ility co the lim mited l	ed office and impany, it is ited liability com ne Wedderbu in this capa	I the business office of hereby confirmed that company or as other pany. The Printed or typed name of the city. I further agree that is and I am familiar.	of the regis at the chan wise provi	stered age(s) ided in with the	