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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section TO: Division of Corporations Tutum Brands SUBJECT: 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: Robert Lewis Name of Person **Futum Brands** Firm/Company 9412 Nw 45th place Address Sunrise, Horida, 33351 City/State and Zip Code tutumbrands@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Lewis 798-3802 Area Code & Daytime Telephone Number Name of Person Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

COVER LETTER

TO: Registration of	n Section Corporations				
	Brands				
Name of Limited Liability Company					
Dear Sir or Madam	:				
The enclosed Regis	tered Agent/Registered O	ffice Change at	nd fee(s) are submitted for filing.		
Please return all cor	respondence concerning t	his matter to th	ne following:		
Robert Lewis					
	Name of Person				
Futum Brands					
	Firm/Company				
9412 Nw 45th place					
	Address				
Sunrise, Florida, 333.	51				
	City/State and Zip Code				
tutumbrands@gmail.	com				
E-mail addres	s: (to be used for future ar	mual report no	tification)		
For further informa	tion concerning this matte	r, please call:			
Robert Lewis		954 at (798-3802		
Na	me of Person		Area Code & Daytime Telephone Number		
P.O. Box 6	on Section 1 Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is	s a check for the followin	ig amount:			
a \$25 Filii	ng Fee	ū	\$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.

2. (a)	9412 nw 45th place, Sunrise, FL, 33351	(b) 9412 n	nw 45th place, Sunrise, FL, 3335f		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)	
	12/1-4/2020	- <u>- 1,200003</u>			
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.	Document number		
21 (47	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	i State:		
	5575 S Semoran blvd.				
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	s 2		
	suite 36				
	Orlando, FL	32822	2021 JAH 15 TACH MIN		
(b)	Robert Lewwis				
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		J	
	9412 nw 45th place		PH IN 14 OF STATE SUE, FI		
	NEW Registered Office Address:				
	Sunrise				
	F1.	33351			
change agent : was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office bility company, f the limited liab	e and the business office of the registere, it is hereby confirmed that the changet bility company or as otherwise provided company.	ed s)	
/ Sign:	ture of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	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 welv reflect a change in the registered office address. I had in writing of this change.	performance of i Hör in Chapter (my auties, and Lam jamitiar with and a 605, F.SOr, if this document is being	iccepi filed	
/_	re of Registered Agent				