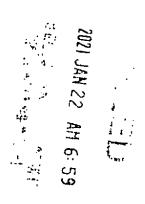
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(Re	equestor's Name)			
(Ad	ddress)			
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(Ci	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	Office Use Onl	lv		



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COVER LETTER

TO:	Registration Section Division of Corporations	• 1		
SUBJF	CCT: SWULTS & Deco	bility Company		
Dear Si	ir or Madam:			
The end	closed Registered Agent/Registered Office Change and fo	ee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the fo	ollowing:		
	SORAYA NUNLZ Name of Person WLLTS & De COR Firm/Company	-		
	4004 Caspian Way	_		
	Davie, FL 33314 City/State and Zip Code	_		
E-mail address: (to be used for future annual report notification)				
or further information concerning this matter, please call:				
Mi	Name of Person) 401 - 039Q 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.	Nai	Name of the limited liability company:SWEETS & DECOY, LLC	
2.	(a) .) (b)	
	(- <i>)</i> .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE B.	
		40104 Caspian Way 40104 Caspian L	Nay
		Dane, FL 33314 Dane, FL 33314	
		December 14, 2020 L2000038991ve	
3.		Date of filing/registration in Florida 4. Document number	
5.	(a)		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		4004 Caspian Way Davil FL 33314	•
		Dave	· }
		Soraya Nunez	i .
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	Comp.
		NEW Registered Office Address:	
		4004 Caspian Way	
			
		Davil FI 33314	
ia a a c	ange ent we s/we abtic abtic lierel visite oblimere	e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that go or changes are made, the Florida street address of the registered office and the business office of the regist will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the character authorized by an affirmative vote of the members of the limited liability company or as otherwise provincies of organization or the operating agreement of the limited liability company. Printed or typed name of signed reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply issions of till statutes relative to the proper and complete performance of my duties, and I am familiar with a bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be prely reflect a change in the registered office address, I hereby confirm that the limited liability company has its in writing of this change.	stered nge(s) rided in