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From:

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Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **COSSET BABY LLC**

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M. SCLONION

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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. Name of the limited liability company: COSSET BABY LLC				
	770 DELUAVEN DD		(b) 779 BELHAVEN DR	
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ` '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX))	
	ORLANDO, FL 32828	ORLAN	NDO, FL 32828	
	12/30/2020	L21000	008388	
3.	Date of filing/registration in Florida	4.	Document number	
5. (N RALPH J DESMORNES			
). (Registered Agent and Registered Office shown on the records of	the Florida Dept, of Stat	e:	
779 BELHAVEN DR				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
			2021 FEB	
	ORLANDO FI	32828	23	
		·	-	
(1	Registered Agents Inc.		51.50 12 31.715 26 51.11 W	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	1-9	
	7901 4th St N			
	NEW Registered Office Address:		-	
	STE 300			
	St. Petersburg	L33702	_	
the dager was the a	e limited liability company is not organized under the lachange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	of the registered office inbility company, it of the limited liability of the limited liability.	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
Sig	mature of a member or authorized representative of a member		Printed or typed name of signee	
prov the d to m noti	reby accept the appointment as registered agent and ag sisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, lifed in writing of this change. Bill Havre - Assistat	pree to act in this cap e performance of my ed for in Chapter 60 hereby confirm that nt Secretary	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	ature of Registered Agent			

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