

h210000009551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

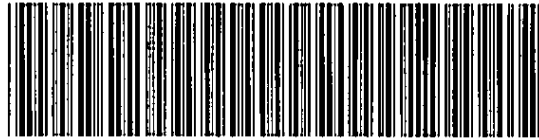
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP 23 PM 4:15

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sculpt Shop 2 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:

Maria Labate  
Name of Person

Sculpt Shop 2 LLC  
Firm/Company

3008 S. Dixie Hwy  
Address

West Palm Beach FL 33405  
City/State and Zip Code

sculptshopfl@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Labate at (561) 690-4956  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 SEP 23 PM 1:52

SECTION  
7-1-23

August 22, 2022

MARIA LABATE  
3008 S. DIXIE HWY  
WEST PALM BEACH, FL 33405

SUBJECT: SCULPT SHOP 2 LLC  
Ref. Number: L21000009551

We have received your document for SCULPT SHOP 2 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 822A00018627

**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: Sculpt Shop 2 LLC

2. (a) Sculpt Shop 2 LLC (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**)

3008 S. Dixie Hwy  
West Palm Beach, FL  
33405

3. 12/30/20 4. L21000009551  
Date of filing/registration in Florida Document number

5. (a) Stephanie Morde  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3698 Turtle Island Ct.  
West Palm Beach, FL 33411

(b) Maria Labate  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**  
3008 S. Dixie Hwy  
West Palm Beach, FL 33405

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] Maria Labate  
Signature of a member or authorized representative of a member Printed or typed name of signee

*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]  
Signature of Registered Agent

**FILED**  
**2022 SEP 23 PM 4:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**