

121000030398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

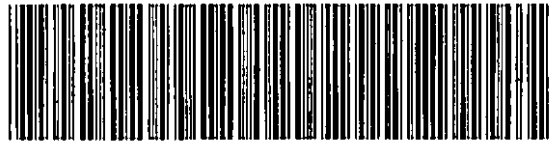
(Business Entity Name)

(Document Number)

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2022 MAR -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FL

PAIRO/CH7

MAR 07 2022
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELEVATED VIBELIFE APPAREL, 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:

MIRIANE MARTINEZ, MANAGER

Name of Person

ELEVATED VIBELIFE APPAREL, LLC.

Firm/Company

20051 BARLETTA LN #2515

Address

ESTERO, FL 33928

City/State and Zip Code

REACHMHERE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRIANE MARTINEZ, MANAGER

239

314-8616

at ()

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

RECEIVED

2022 MAR -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL

February 9, 2022

MIRIANE MARTINEZ
20051 BARLETTA LN #2515
ESTERO, FL 33928

SUBJECT: ELEVATED VIBELIFE APPAREL, LLC
Ref. Number: L21000030398

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 122A00003269

2/28/22
item corrected
please see Next
Page.
Thank you.
[Signature]

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: ELEVATED VIBELIFE APPAREL, LLC.

2. (a) 5550 GLADES RD (b) 20051 BARILETTA LN

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SUITE 500- 1063

#2515

BOCA RATON, FL 33431

ESTERO, FL 33928

JANUARY 29, 2021

1.21000030398

3. Date of filing/registration in Florida 4. Document number

5. (a) FL. PATEL LAW, PLLC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

360 CENTRAL AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8TH FLOOR

ST. PETERSBURG, FL 33701

(b) MIRIANE MARTINEZ

Enter name of NEW Registered Agent and/or NEW Registered Office address:

20051 BARILETTA LN

NEW Registered Office Address:

#2515

ESTERO, FL 33928

FILED
2022 MAR -3 PM 1:15
CLERK OF STATE
TALLAHASSEE, FL

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]
Signature of a member or authorized representative of a member

MIRIANE MARTINEZ, MANAGER

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