L21000035336

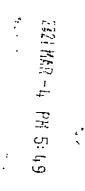
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						
	<u> </u>					

Office Use Only



800361092988

03/04/21--01017--011 **25.00



O SIMMONS APR 27 2021

COVER LETTER

TO: Registration Secti Division of Corpo				
MILS CREA' SUBJECT:	FIONS LLC			
		me of Limite	ed Liat	oility Company
Dear Sir or Madam:				
The enclosed Registered z	\gent/Registered Of	fice Change	and fe	e(s) are submitted for filing.
Please return all correspoi	ndence concerning to	his matter to	the fol	lowing:
ION MARDARI				
N	lame of Person			-
MILS CREATIONS LLC				
F	irm/Company			-
11523 PALMBRUSH TRA	L#353			
	Address			-
LAKEWOOD RANCH, FL	34202			
City/	State and Zip Code			-
IOMARDARI@GMAIL.CC)M			
E-mail address: (to l	oe used for future an	nual report r	notifica	- ition)
For further information ec	oncerning this matter	r, please call	:	
ION MARDARI		94] at (5247869
Name of	Person	\		Area Code & Daytime Telephone Number
Mailing Address Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a che	ek for the followin	g amount:		
325 Filing Fee		C	J \$55	Filing Fee & Certified Copy

INHS18 (2/14)

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.

l. No	nme of the limited liability company: MILS CREATION	NS LL	['	
2. (a)	11523 PALMBRUSH TRAIL #353		(b) 11523 Pa	ALMBRUSH TRAIL #353
., (07	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(47)	Mailing address of limited liability company: **ENOTE: MAY BE POST OFFICE BOX**)
	LAKEWOOD RANCH, FL 34202		LAKEW	OOD RANCH, FL 34202
	01/19/2021		1.21000035	53.36
	Date of filing/registration in Florida	4,		Document number
i. (a)	ION MARDARI			
,	Registered Agent and Registered Office shown on the records of 12332 HOLLYBUSH TER	the Flo	rida Dept. of Su	ate:
	Registered Office Address (MUST BE FLORIDA STREET) 12332 HOLLYBUSH TER	— AN		
	LAKEWOOD RANCH , FI	34202		
(b)	ION MARDARI			; TO TM
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	address:	. ຕັນ
	11523 PALMBRUSH TRAIL #353			
	NEW Registered Office Address:			
	11523 PALMBRUSH TRAIL #353			_
	LAKEWOOD RANCH FL	34202	! 	
thange igent v vas/we he arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ha ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	regist ability of the l	ered office a company, it imited liabili d liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ture of a member or anti-drized representative of a member			Printed or typed name of signee
l here provisi he obl o mere potifica	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change by the rebistered office address, I i I in writing of this elyange.	ree to a perfor d for it hereby	ict in this cap mance of my n Chapter 66 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agen			