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(Reque	stor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
(Busine	ess Entity Na	me)
(Docur	nent Number)
Certified Copies	Certificate	s of Status
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Special Instructions to Filin	ng Officer:	

Office Use Only



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COVER LETTER



INHS18 (2/14)

Make It Sew NWF LLC SUBJECT:		
	lame of Limited L	iability 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:
Ruth Forster		
Name of Person		
Make It Sew NWF LLC		
Firm/Company		2023 Sec 5 TA
401 McLaughlin Ave Suite G		1023FEB 23 PH 1: 1: SEBALLARY OF STATE TALLAHASSEE, FL
Address		HASS
Bonifay FL 32425		SEE, FL
City/State and Zip Code	e	TATE 3
makeitsewnwf@gmail.com		
E-mail address: (to be used for future a	innual report notif	ication)
For further information concerning this matt	ter, please call:	
Ruth Forster	850 at (768-8348
Name of Person	u. (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 followi	ing amount:	
■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

dersuant 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.

. (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)	
	401 McLauglin Ave., Suite G		401 McLauglin Ave.	. Suite G	
	Bonifay, FL 32425		Bonifay, FL 32425		
	February 24, 2021	Ī.	21000091799		
•	Date of filing/registration in Florida	4.	Docume	nt number	
. (a)					
. (u)	Registered Agent and Registered Office shown on the record	s of the Florida I	Dept, of State;		
	Cheyenne Moseley, US Corp. Agents				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		. ~	
	United States Corporation Agents, Inc			75 (23)	
	5575 S. Semoran Blvd. Suite 36 Orlando	, FL ³²⁸²²		FEB 2	
				B 23 PH AHASSE	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office add	ress:	SEE SEE	
				FL	
	Ruth Forster			ार्ग 🍜	
	NEW Registered Office Address:				
	401 McLaughlin Ave, Suite G				
	Bonifay	, FL ³²⁴²⁵			
iange gent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	the registered d liability con ers of the limit the limited lia	l office and the bus pany, it is hereby o red liability compar	iness office of the registered confirmed that the change(s)	
Signa	dure of a member or authorized representative of a member		Printed or	r typed name of signee	
-	·			orther agree to comply with th	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent