

H210001102033ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

1	To: Division of Corporations			
Ċ	Fax Number : (850)617-6383			
	From: Account Name : LEGALZODM.COM INC.		202	
:>	Account Number : 120010000062			
 	Phone : (323)962-8600			
	Fax Number : (323)962-3889		20	• -
71717			8	1
4	**Enter the email address for this business entity to t annual report mailings. Enter only one email addr	ress please.**	PH 12	[][]
	Email Address:		12: 15:	

LLC REGISTERED AGENT CHANGE TRIPLE L RUSTIC DESIGNS LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	05	
Estimated Charge	\$55.00	

MAR 19 2021

M. SOLOMON

Corporate Filing Menu Electronic Filing Menu

Help

2021 MAR 1 8 PH 12: 1

11:

COVER LETTER

TO: Registration Section Division of Corporations

TRIPLE L RUSTIC DESIGNS LLC

SUBJECT: _

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

tripleIrusticdesigns@hotmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

Page: 4 of 4

2021-03-18 11:51:54 PDT

3239628300

יזין

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 understgned limited liability company submits the following statement in order to change its registered affice or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TRIPLE L RUSTIC DESIGNS LLC

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/	Mailing address of limited lia (Note: MAY BE POST O	bility company	/:
4812 BRUTON RD.		4812	BRUTON RD.		
PLANT CITY, FL 33565	_	PLAN	T CITY, FL 33565		
02/25/2021		L21000	0093711		
Date of filing/registration in Florida	4.		Document number		
Registered Agent and Registered Office shown on the records of	the Florida	Dept, of S	State:		
UNITED STATES CORPORATION AGENT	rs, INC.				20
Registered Office Address MUST BE FLORIDA STREET	ADDRESS	2			1202
5575 S. SEMORAN BLVD. 36					HAK
ORLANDO FI	1.32822				a
, * * /					۲'n
Enter name of NEW Registered Agent and/or NEW Registere				- 2-	: - - - - -
Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:			
LARRY L LARSON II					
NEW Registered Office Address.					
4812 BRUTON RD.					
	L_33565	,			

Signature of a member or authorized representative of a member

Printed or typed name of signor

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 of Registered Agent

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