

K21000126540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

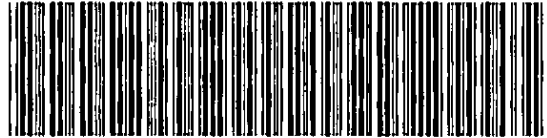
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2022 MAY 23 PM 2:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1-11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KATHY'S KLOSET FASHION CONSIGNMENT BOUTIQUE 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:

KATHY LAPENTA
Name of Person

KATHY'S KLOSET FASHION CONSIGNMENT BOUTIQUE LLC
Firm/Company

740 SHAMROCK BLVD
Address

VENICE FLA 33593
City/State and Zip Code

KOLAPENTA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY LAPENTA at (904) 484-3517
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

INHS18 (2/14)

PLEASE SEE ENCLOSED COPY OF ORIGINAL
CHECK (ATTACHED) FOR \$25.00

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:

KATHY'S KLOSET FASHION CONSIGNMENT BOUTIQUE

2. (a)

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

740 SHAMROCK BLVD
Venice FLA 34293

(b)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

740 SHAMROCK BLVD
Venice FLA 34293

3.

Date of filing/registration in Florida

7/20/2022

4.

Document number

L21000126540

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3046 DEL PRADO BLVD 2C
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Cape Coral Florida
FL 33904

(b)

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

KATHY Lapenta
740 SHAMROCK BLVD
NEW Registered Office Address:
Venice FLA 34293

FL

STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 23 PM 2:29

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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.

KATHY Lapenta

Signature of a member or authorized representative of a member

KATHY Lapenta

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.

Notified via email Dorcas@atl

Signature of Registered Agent

SUN BIZ

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

See enclosed check for original