

KZ1000203624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

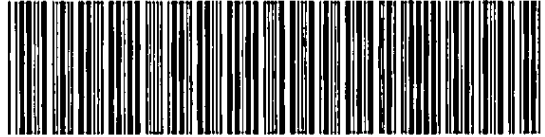
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Our Life in Color 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:

Breyana L Ballard
Name of Person

Our Life in Color LLC
Firm/Company

3616 Harden Blvd #190
Address

Lakeland FL 33203
City, State and Zip Code

OurLifeinColorLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Breyana Ballard at (863) 812-8443
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

**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: Our Life in Color LLC
2. (a) 3616 Harden Blvd #190
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Lakeland FL 33803
- (b) 3616 Harden Blvd #190
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Lakeland FL 33803

3. 05-03-2021 Date of filing registration in Florida
4. L21000203624 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Breyana L Ballard
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
811 Castle Way
Lakeland, FL 33803

- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Breyana L Ballard
NEW Registered Office Address:
3616 Harden Blvd #190
Lakeland, FL 33803

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.

Breyana Ballard
Signature of a member or authorized representative of a member

Breyana Ballard
Printed or typed name of signer

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.

Breyana Ballard
Signature of Registered Agent

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