

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	BEAUTIFUL FLOWERS BOUC	QUET LLC	
		Name of Limited Lia	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered (	Office Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the fo	ollowing:
Yudels	y Sanchez Morell		
	Name of Person		_
	Firm/Company	<del>.</del>	_
8180 M	fandarin Blvd		
	Address		<del></del>
Loxaha	tchee FL 33470		
	City/State and Zip Cod	le	
yudelsy	sanchez@live.com		
E	-mail address: (to be used for future	annual report notific	cation)
For fur	ther information concerning this mat	ter, please call:	
Yudels	y Sanchez Morell	786 at (	8042950
	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 follow	ing amount:	
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

TO:





## 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. Na	ime of the limited hability company:	L FLOWERS BOUQUET	
2. (a)	8180 Mandarin Blvd Loxahatchee Fl 33470  Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b)	mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	05/10/2021	L21000217	
3.	Date of filing/registration in Florida  Yudelsy Sanchez Morell	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the record Gustavo Diaz  Registered Office Address (MUST BE FLORIDA STRICTURE) 8180 Mandarin Blvd	·	NY
	Loxahatchee	_, FL	PH 12: 2
	Carlos M Varona Sanchez  NEW Registered Office Address: 8180 Mandarin Blvd		_
	Loxahatchee	,FL <sup>33470</sup>	<del></del>
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membicles of organization or the operating agreement of	f the registered office are ed liability company, it is ers of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	25	Carlos M Varon	a Sanchez
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and compigations of my position as registered agent as proeffy reflect a change in the registered office address in withing of this change.	olete performance of my	duties, and I am familiar with and accept
	Division of Corporations ◆ P	P.O. Box 6327● Tallaha NG FEE: \$25.00	issee, FL 32314

INHS18 (2/14)