121000232684

(Re	questor's Name)	
(Add	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phoni	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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December 13, 2021

CAROLYN COLES 1503 NE 12TH STREET GAINESVILLE, FL 32601

SUBJECT: BOLD BOUTIQUE LLC Ref. Number: L21000232684

We have received your document for BOLD BOUTIQUE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00029917

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Bold Boutique Name of Linkled Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the Name of Person	following:			
Firm/Company				
1503 N. E. 12# 5treet				
Gainesville, Florida 33601- City/State and Zip Code	<u>45</u> 49			
Coles Karen 41@gmail.com E-mail address: (to be used for future annual report notions)	fication)			
For further information concerning this matter, please call:				
Name of Person at (35%)	2 353. 314. 8891 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	555 Filing Fee & Certified Copy			

INHS18 (2/14)

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	me of the limited liability company: Bold Boutique	
2. (a)	1503 N.E. 1244 Street (b)	
2. (a)		Aailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	<u> Cainesville, Florida 33601-4569</u>	
		
	_5/19/2021 Late	000232684
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	United States Corporation Agents, In	<u>~</u> . ~ ~
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	SEC SEC
	5575 J. Jermon Blyd. 36	ACT B
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2021 DEC 22 SECTALLAND
	()rlando .fl 3888	SSEE 2:
	K D CV	
(b)	Maren H. Loles	OI
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
	1503 NF 1241 Street	
	NEW Registered Office Address:	
	$\overline{}$	
	Gainesville EL 32601-456	a c
		•
	mited liability company is not organized under the laws of the State of Flo or changes are made, the Florida street address of the registered office and	
agent v	vill be identical. Or, in the case of a Florida limited liability company, it is	hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	
		, , ,
Signal	ure of a member or authorized representative of a member (Care)	h Colas Printed or typed name of signee
I herel	w accept the appointment as registered agent and agree to act in this capa	city. I further agree to comply with the
the obl	ons of all statutes relative to the proper and complete performance of my a igations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address. I hereby confirm that t	F.S. Or, if this document is being filed
noutive	th reflect a change in the registered office address. Thereby confirm that the firm writing of physichange.	ne umitea tiability company has been
	innin K. Calu	
Signatu	re of Registered Agent	