

W21 000 270 911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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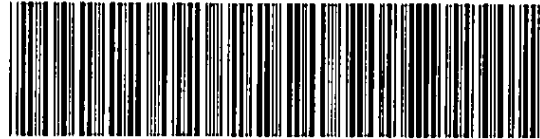
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Christine's Sweet Cheeks LLC L21000270911  
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:

Christine COTHILL  
Name of Person

Christine's Sweet Cheeks  
Firm/Company

2116 East Palma Circle  
Address

WPB, FL 33415  
City/State and Zip Code

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

For further information concerning this matter, please call:

Christine COTHILL at (561) 856-4895  
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

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FILED

**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: Christine's Sweet Cheeks LLC
2. (a) 100 Cypress point drive pbq FL (b) 2118 east palma circle  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Change address on everything west palm beach  
2118 East Palma Circle, WPB FL, 33418 FL 33418

3. 9-2-2022 Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Christine Cottrell - Jeremy Forshee  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 100 Cypress point drive - 100 Cypress point drive  
WPB FL 33418 - WPB FL 33418
- (b) Christine Cottrell - Jeremy Forshee  
Enter name of NEW Registered Agent and/or NEW Registered Office address: 2118 East Palma Circle - 2118 East Palma Circle  
NEW Registered Office Address: West Palm Beach FL 33418 - WPB FL 33418

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.

[Signature]  
Signature of a member or authorized representative of a member

Christine Cottrell  
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.

[Signature]  
Signature of Registered Agent