421000303425

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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RA Change

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Div	ision of Corporations		•		
SUBJECT	: AGGIE'S DAUGHTERS LLC Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	d Registered Agent/Registered Off	fice Change and	fee(s) are submitted for i	īling.	
Please retur	n all correspondence concerning th	is matter to the	following:		
Melissa Jo	ones				
	Name of Person				
ZenBusiness	Inc.				
"	Firm/Company				
336 E. Colle	ge Ave. Suite 301				
	Address				
Tallahassee,	FL 32301			202	
	City/State and Zip Code			2022 JIT. 21	
ra@zenbusin	ess com			2	
E-mai	address: (to be used for future ann	iual report noti:	fication)	2 :	
For further i	information concerning this matter,	, please call:			
Melissa .	Jones	844 at (493-6249	ှင်ာ	
	Name of Person		Area Code & Daytime	Telephone Number	
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions 1assee eet. Suite 810	
Enc	closed is a check for the following	g 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. N	Name of the limited liability company: AGGIE'S DAUGHTERS LLC				
2. (a)	31156 CLARIDGE PLACE	ď	_{b)} 31156 CLARIDGE PLACE		
(-,	Principal office address of limited liability company.	(Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS) WESLEY CHAPEL, FL 33543		(Note: MAY BE POST OFFICE BOX) WESLEY CHAPEL, FL 33543		
	WEOLLT OTALLE, I E 33343	_	WESTET STIATEE, LE 35343		
	07/01/2021		L21000303425		
 (a) 	Date of filing/registration in Florida Registered Agents Inc.	4.	Document number		
J. (u)	Registered Agent and Registered Office shown on the records of the 7901 4th St N	he Florid	a Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A STE 300	DDRES	<u>sı</u>		
	St. Petersburg	33702			
(b)	ZenBusiness Inc		ddress:		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress:</u>		
	336 E. College Ave.				
	NEW Registered Office Address:				
	Suite 301		<u> </u>		
	Tallahassee . FL	32301	. C;		
change agent was/w the art	timited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Luevenia Agatha Eckert	register bility co f the lim imited (red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had alin writing of this change.	rerform	iance of my duties, and I am familiar with and accent		

Signature of Registered Agent