

W21000313243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

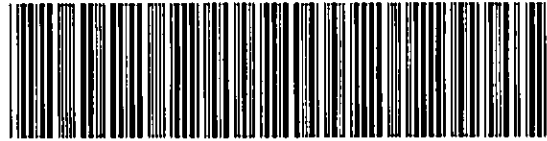
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300371276173

09/23/21--01038--014 **35.00

REGISTRY OF STATE
TALLMASSIE, FL

2021 SEP 27 AM 8:40

FILED



09/23/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 27 PM 12:50

September 2, 2021

EVON JAMES
3333 NW 36TH TERRACE
LAUDERDALE LAKES, FL 33309

SUBJECT: EYEWEAR CANDY. LLC
Ref. Number: L21000313243

We have received your document for EYEWEAR CANDY. 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 CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00021233

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EyeWear Candy 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:

Charlie Izadi
Name of Person

EyeWear Candy LLC
Firm/Company

5062 West Atlantic Ave
Address

Delray Beach, FL 33484
City/State and Zip Code

respect657@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlie Izadi at (561) 404-5963
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

Handwritten note:
I already have money

\$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: Eye Wear Candy LLC
2. (a) 5062 West Atlantic Ave Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Delray Beach, FL 33484
(b) 5062 W Atlantic Ave Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Delray Beach, FL 33484

3. 07/08/2021 Date of filing/registration in Florida
4. L210003132143 Document number

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

5062 West Atlantic Ave Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Delray Beach, FL 33484

(b) Fzadi, Charlie Enter name of NEW Registered Agent and/or NEW Registered Office address:

5062 West Atlantic Ave NEW Registered Office Address:

Delray Beach, FL 33484

FILED
2021 SEP 27 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FL

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.

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

Charlie Fzadi 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.

X [Signature] Signature of Registered Agent