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| (Re | questor's Name) | |
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| (Ad | dress) | |
| bA) | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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N. S. 2 & 1887

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|--|--|--|--|--|--|--|--|
| SUBJECT: EXQUISIT Design LLC Name of Limited Liability Company | | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing | | | | | | |
| Please return all correspondence concerning this matte | r to the following: | | | | | | |
| Manath Banles Sc Name of Person | | | | | | | |
| Exquisit Design | | | | | | | |
| 1903 W Union St Address | | | | | | | |
| 1911/04, FT 23607 City/State and Zip Code | | | | | | | |
| E-mail address: (to be used for future annual repo | COM ort notification) | | | | | | |
| For further information concerning this matter, please | call: | | | | | | |
| Monneth B Daniels Sr at (| 941 <u>943 - 58-25</u> Area Code & Daytime Telephone Number | | | | | | |
| Mailing Address: | Street Address: | | | | | | |
| Registration Section Division of Corporations | Registration Section Division of Corporations | | | | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | |
| Enclosed is a check for the following amoun | t: | | | | | | |
| ₫ \$25 Filing Fee | S55 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 compa | Evarals 4 | Desig | W//C | | |
|---------------------|--|-----------------------------|-------------------|----------------------------|--|---------------|
| | 1902 W (b); const | my. CATEROS | 18 | 1211/06 | 1115+ | |
| 2. (a) | Principal office address of limit | ed liability company | (b) <u>14</u> | Mailing address of limited | liability compan | · |
| | (Note: MUST BE STRE | | | (Note: MAY BE POST | • • | • |
| | TAMPA 17 336 | 0 7 | 1K | Program Fl 33 | <u> 3607 </u> | |
| | • | | | , | | |
| | 1 . | | - | | | |
| | July 15,202 | | L2 | 1000311119 | 4 | |
| 3. | Date of filing/registration | on in Florida | 4. | Document number | , | |
| 5. (a) | Marieth B Dani | els Sr. | | | | |
| | Registered Agent and Registered Office | shown on the records of the | Florida Dept of S | late | | |
| | | | | | | |
| | Registered Office Address (MUST | | <u>ORESS)</u> | | | وت |
| | 1961 W. Union | 84 | | | 207 | Œ. |
| | TAMPA | , FL | <u>33607</u> | | 2021 AUG SENALA | |
| | No oth on | 10/a Ca | | | 夏 6 | '' |
| (b) | Enter name of NEW Registered Agen | IEIS OF | Gre address | | | |
| | Taker dame or <u>many by Engred regen</u> | WHITE THE PROPERTY OF THE | ince addition | | AH SSE SSE | П |
| | | | | | 8: 06 STATE E. FL | 0 |
| | NEW Registered Office Address | | | | 1- 1- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | |
| | 1903 W Unic | n SH | | | 171 | |
| | | | 2 O / n> | | | |
| | TAMPAA | , FL | 53607 | / | | |
| | mited liability company is not or | | | | | |
| agent w | or changes are made, the Florida will be identical. Or, in the case of | of a Florida limited liabil | ity company, it | is hereby confirmed that | at the change(| s) |
| | re authorized by an affirmative veles of organization or the operat | | | | rwise provided | d in |
| Men | net 34 2 8 | | Vannet | | 5 | |
| Signal | ure of a member or authorized represent | alive of a member | 1.101.11.1. | Printed or typed name of | signee | |
| provisu | by accept the appointment as regions of all statutes relative to the | proper and complete per | formance of m | v duties, ånd I am lamili | iar with and a | ccept |
| the obli to mere | igations of my position as registe ly reflect a chapge in the registe | red agent as provided fö | r in Chapter G | 95. F.S. Or. if thiš docu | ment is being | filéd |
| notified | of writing of this change | <i>/</i> | | | | |
| Signatur | e of Registered Agent | <u></u> | _ | | | |

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: S25.00