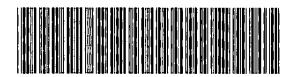
## 121CCCH28249

(Requestor's Name)
(Address)
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(Business Entity Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Let's Doula This 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:
Jo Anne Payne Name of Person
Let's Dould This Firm/Company
441 Ponteverdra Road Address
OccuenPort Florida 33837 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
So Anne Paragree at (708) 772-5031  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
\$325 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.

hat's O
1. Name of the limited liability company: het's Poul This L. L.C.
2. (a) 441 Ponteverdra Road (b) 441 Ponteverdra Road  Principal office address of limited liability company: Downport  Mailing address of limited liability company: Downport
Principal office address of limited liability company: Dawn post Mailing address of limited liability company: Dawn post (Note: MUST BE STREET ADDRESS) Florida (Note: MAY BE POST OFFICE BOX)
441 Ponteverdra, Road 441 Ponteverda Road
Dowerport Florida 33837 Naverport Florida 3383
September 29 2021 L21000 428249
3. Date of filing/registration in Florida 4. Document number
5. (a) 2cn business + no Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
T COM C CIL A Swite 301
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
336 & College Ave Suite 301
Tallahassee, FL 32301
Enter name of NEW Registered Agent and/or NEW Registered Office address:
441 Ponteurda Road Davenport Florela 33837
NEW Registered Office Address:
441 Poneverda Road
<u>Vacenport</u> , FL 33837
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 of a member or authorized representative of a member Printed or typed name of signee
11
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.
notified in writing of this change.  Signature of Registered Agent
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314

FILING FEE: \$25.00