

L21000438851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

Registered Agent Change

SUBJECT: _____
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:

Oyunjargal Scott

Name of Person

Ooh Interiors Realty LLC

Firm/Company

767 Lake Baldwin Ln

Address

Orlando, FL 32803

City/State and Zip Code

oyunascott@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Roberts

8508074500

Name of Person

at (_____) _____

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

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.

Ooh Interiors Realty LLC

1. Name of the limited liability company: _____
767 Lake Baldwin Ln, Orlando FL 32803

2. (a) _____ (b) _____
Principal office address of limited liability company. Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

10/06/2021

1.21000438851

3. Date of filing/registration in Florida 4. Document number
Biz Filings Inc

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8020 Excelsior Dr #200, Madison, WI 53717

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Registered Agents Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

7901 4th St N STE 300,

St.Petersburg 33702

_____, 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.

Oyunj Oyunj
Signature of a member or authorized representative of a member

Oyunjargal Scott
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.

DAVID ROBERTS
Signature of Registered Agent

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TALLAHASSEE, FLORIDA