

L21 000 453 943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

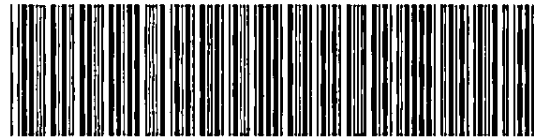
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/14/22--01007--007 **35.00

22 OCT 14 AM 5:05
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STYLES ENTERPRISES 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:

Jonathan Alba

Name of Person

STYLES ENTERPRISES LLC

Firm/Company

2421 Blue Stone Ct

Address

Valrico, FL, 33594

City/State and Zip Code

stylesenterprisesllc21@gmail.com

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

For further information concerning this matter, please call:

Jonathan Alba

Name of Person

at (813) 618-0679

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

22 OCT 14 AM 5:05

DIVISION OF CORPORATIONS

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: STYLES ENTERPRISES LLC

2. (a) 2421 Blue Stone Ct Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 2421 Blue Stone Ct Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Valrico, FL, 33594

Valrico, FL, 33594

10/18/2021

L21000453943

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

5. (a) NORTHWEST REGISTERED AGENT LLC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4TH ST N STE 300

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

ST. PETERSBURG, FL 33702

(b) Jonathan Alba

Enter name of NEW Registered Agent and/or NEW Registered Office address:

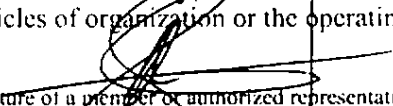
NEW Registered Office Address:

2421 Blue Stone Ct

Valrico, FL 33594

DIVISION OF CORPORATIONS
 PARTIAL OF STATE OFFICE IN
 22 OCT 14 AM 5:05

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

Jonathan Alba

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.


 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00