

L21000470562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

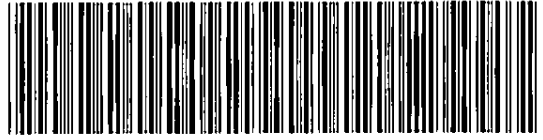
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lengths of Glory
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:

Cherlune Louis
Name of Person

Firm/Company

PO BOX 610992
Address

Miami, FL 33261
City/State and Zip Code

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

For further information concerning this matter, please call:

Cherlune Louis at (786) 619 - 5269
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

\$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: Lengths of Glory LLC
2. (a) 2875 Northeast 191 Street Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 500 #217
Aventura, FL 33180
- (b) 2875 Northeast 191 Street Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 500 #217
Aventura FL, 33180
3. 10/29/2021 Date of filing/registration in Florida
4. L21000470562 Document number
5. (a) United States Corporation Agents, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. Semoran Blvd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 36
Orlando, FL 32822
- (b) Cherlune Louis
Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:
Cherlune Louis
NEW Registered Office Address:
2875 Northeast 191 Street, Suite 500 #217
Aventura, FL 33180

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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.

Cherlune Louis
Signature of a member or authorized representative of a member

Cherlune Louis
Printed or typed name of signee

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.

Cherlune Louis
Signature of Registered Agent