## L21000475500

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WALLPAPERS AND MORE LL		Lish ilisa Communication of the Communication of th
14	ame or Limited 1	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	e following:
John Hains		
Name of Person		<del></del>
Name of reison		
WALLPAPERS AND MORE LLC		
Firm/Company	<del></del>	
442 Orionvista Way		
Address		
Oakland, FL 34787		
City/State and Zip Code		
jvhains@gmail.com		
E-mail address: (to be used for future a	nnual report noti	fication)
For further information concerning this matte	er, please call:	
John Hains	at ( 864	) 508-0451
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		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	ng amount:	
\$25 Filing Fee	-	S55 Filing Fee & Certified Copy
/ <del>-</del> \$23   ning   00	<b>-</b>	222 r ming r cc ac continua copy

TO:

## 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 company: WALLPAPERS A	ND M	ORE	LLC	
2. (	a l	442 Orionvista Way	(b) 442 Orionvista Way			
<b>2</b> . (	<b>u</b> ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Oakland, FL 34787		<u>O</u>	akland,	FL 34787
		11/3/2021	<del>-</del>	L21	000475	
3.		Date of filing/registration in Florida	4.			Document number
5. (	(a)	LEGALINC CORPORATE SERVICES INC.				_
		Registered Agent and Registered Office shown on the records of the	ne Flori	da Dep	ot. of Sta	ite;
		476 RIVERSIDE AVE.				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>		_
		JACKSONVILLE , FL	32202			_
						28
(i	b)	John Hains				
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			2000	
		442 Orionvista Way				ETILELD 2022 DEC -5 PH 4: 10
		NEW Registered Office Address:			1 3 C	
		Oakland , FL	34787			<del></del>
lf th	e li	mited liability company is not organized under the laws	s of th	se Sta	te of Fl	orida it is hereby confirmed that after the
chan agen	ige it v	or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of	egiste oility (	red o	ffice ar any, it i	nd the business office of the registered is hereby confirmed that the change(s)
		cles of organization or the operating agreement of the li				
		Olly Helyn	Jo	hn Ha	ins	
Sig	znat	ure of a member or authorized representative of a member				Printed or typed name of signee
prov the c to m	risio obli ere	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p igations of my position as registered agent as provided thy reflect a change in the registered office address, I he in writing of this change.	erfort	nance	? of mv	duties, and I am familiar with and accept
Sign	atre	re of Resistered Avenu				

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