

L21 000477480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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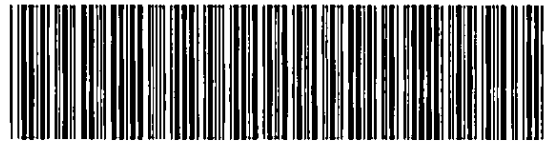
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2022 OCT 18 AM 10:16

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# COVER LETTER

TO: - Amendment Section  
Division of Corporations

RECEIVED

2022 FEB 10 AM 3:56

SUBJECT: PERFECTLY PICTURED DECLUTTERING & STAGING EXPERTS  
Name of Corporation

DOCUMENT NUMBER: L21000477480

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MATTIE SHEPPARD

Name of Contact Person

PERFECTLY PICTURED DECLUTTERING & STAGING EXPERTS

Firm/Company

2029 CONSTITUTIONAL REPUBLIC PLACE

Address

JACKSONVILLE, FL 32221

City/State and Zip Code

INFO@PPDSE.COM

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

For further information concerning this matter, please call:

MATTIE SHEPPARD

Name of Contact Person

at ( 904 ) 383-6441

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

## Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

## Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 OCT 19 AM 10:15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2022

MATTIE SHEPPARD  
2029 CONSTITUTIONAL REPUBLIC PLACE  
JACKSONVILLE, FL 32221

SUBJECT: PERFECTLY PICTURED DECLUTTERING & STAGING EXPERTS,  
LLC  
Ref. Number: L21000477480

We have received your document for PERFECTLY PICTURED DECLUTTERING & STAGING EXPERTS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The entity information was updated on the 2022 annual report filed on February 15, 2022.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 622A00004628

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PERFECTLY PICTURED DECLUTTERING & STAGING EXPERTS, LLC

2. The principal office address: 2029 CONSTITUTIONAL REPUBLIC PLACE, JACKSONVILLE, FL 32221

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/05/2021 Document number: L21000477480

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PHYLLIS CULLINS

2016 EDMUND RANDOLPH COURT

JACKSONVILLE, FL 32221

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JEROME T. SHEPPARD

8096 KILWINNING LN

P.O. Box NOT acceptable

JACKSONVILLE, FL 32244

2022 OCT 18 AM 10:11

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

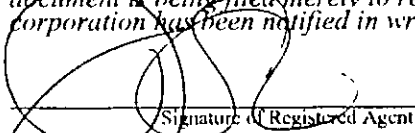
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

MATTIE SHEPPARD

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

02/15/2022

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)