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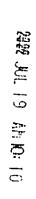
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JUL 20 2022 M. SOLOMON

COVER LETTER

Division of Corporations	
	D MERCHANDISE L LC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	lange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Jerome Walkee Name of Person	
LOST 'N Found Merch Firm/Company	andise LLC
2050 N Andrew Avenue Unit 10	02 PMB109
Pompano Beach FL City/State and Zip Code	33069
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Jerome Walker at a	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 amou	int:
S25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

01:04 H7 61 TNF 2688

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: LOST 'n	u four	ND MERCH	ANDISEL	w	
2. (a)	2050 N Andrews Ave	(b)		V Andrew		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	ress of limited liability IAY BE POST OFFIG		
	Unit 102 PMB109		unit 102	PMBIO	19	
	Pompano Beach, 12 330	69	Pompano	Beach	<u> </u>	<u>30</u> e
	02/28/2022	- -		0103191	<u> </u>	
3.	Date of filing/registration in Florida	4.	Documer	nt number		
5. (a)	Registered Agent and Registered Office shown on the records o	of the Florida i	Dept. of State:			
	1810 Dr. Martin Luther Ki			∞		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<u> </u>			
			. <u> </u>			
	pompano Beach	ı. <i>33</i> (069	ייז	7899	
41.1	·					
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	ress;		FILL 19	
71	050 N Andrews ALLE Unit 10	אורו כא	1B109	;	i in	[]
ح'	NEW Registered Office Address:	12 110	<u>י טןטי</u>	•		
					<u>c</u>	
	D 0					
	tompano Beach .F	ı. <u>330</u>	<u> 26 9</u>			
If the li	imited liability company is not organized under the la or changes are made, the Florida street address of th	aws of the S	State of Florida, it is	hereby confirmed	I that after	the
agent w	will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members	liability con	ipany, it is hereby o	onfirmed that the	change(s)	n
the arti	cles of organization or the operating agreement of the	e limited lia	ibility company.			
Signat	ture of a member or authorized representative of a member		Printed or	Vallec typed name of signee		
1 borot	by Agrent the appointment as registered agent and as	gree to act i	n this canacity. I fo	rther agree to con	nolv with t	he
provision the obli- to mere	onk of all statutes relative to the proper and complete igations of my position as registered agent as provid tly reflect a change in the registered office address. I	e perjorman led for in Cl Lhereby con	we of my dudes, an apter 605, F.S. Or afirm that the limited	a ram jammar wi , if this document Hiability compan	is being fil v has been	ed
notified	fin writing of this change.		J			
Signatuj	fe of Registered Agent					
- 1	est to dest to the	D ()25	TO DO A STATE OF THE STATE OF T			



July 1, 2022

JEROME WALKER, CEO 1810 DR MARTIN LUTHER KING BLVD APT 106 POMPANO BEACH, FL 33069

SUBJECT: LOST 'N FOUND MERCHANDISE LLC

Ref. Number: L22000103194

We have received your document for LOST 'N FOUND MERCHANDISE LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 622A00014896

Mel Solomon Senior Section Administrator

www.sunbiz.org