

L22000145454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

June 20

Office Use Only



800403759438

07/13/23--01017--000 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 JUN 20 AM 11:15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mood Design Studio 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:

Maria Arana

Name of Person

Mood Design Studio

Firm/Company

2672 NW 99th Ave

Address

Coral Springs, FL 33065

City/State and Zip Code

mart8723@gmail.com

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

For further information concerning this matter, please call:

MARIA ARANA at ( 954 ) 9825921  
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

2023 JUN 20 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Mood Design Studio LLC

2. (a) 2672 NW 99th Ave. Coral Springs FL 33065  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 03/22/2023 Date of filing/registration in Florida

4. 88-1826409- LZZ000 H5454 Document number

5. (a) LegalZoom.com, Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
101 North Brand Boulevard Suite 1100 Glendale, CA 91203  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) PROTAXLINK  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
4784 W Commercial Blvd  
**NEW Registered Office Address**:  
\_\_\_\_\_  
Tamarac, FL 33319

2023 JUN 20 AM 11:15  
SECRETARY OF STATE  
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.

Maria Arana  
Signature of a member or authorized representative of a member

Maria Arana  
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.

[Signature]  
Signature of Registered Agent