## h22000189081

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(Oity/State/Zip/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900387928019

05/24/22--01018--010 \*+25.00

SEURÉTARY OF STATE TALLAHASSEE, FL

972 HAY 24 AM 9: (

## **COVER LETTER**

or 💉

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Ms Lilly's Play School LL C 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:	
Lillian Cox Name of Person	
MS. Lilly's Playschool LLC Firm/Company	
327 Dubs DRIVE	
Daytona Beach FL. 32117 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	ſ
For further information concerning this matter, please call: $(386)$ $(331-5574$ $ce$	211
Lillian Cox at 386 257-1469 home Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
S25 Filing Fee	

## 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:	Ms. Lilly's	Playso	hool LL
2. (a	·	(b)/		
	Principal office address of limited liabil (Note: MUST BE STREET ADD	y 1 2	Mailing address of limi	
	327 Dula Di	./.D	(Note: MAY BE PO	ST OFFICE BOX)
	DI DUBS VII			
į	Daytona Beach	FL.32/11		
	4/20/2:	2 /	22000	18978/
3.	Date of filing/registration in Fl	lorida 4.	Document number	770 1001
5. (	Registered Agent and Registered Office shown of	Don the records of the Florida Dept. of Si		
	Registered Office Address (MUST BE FLO	RIDA STREET ADDRESS)		
	Lengusines	S Inc.	_ =	<b>2027</b> SE(
	336 E College	P. Aver 3230	>/	
	suite 301 J.	Tallahassee	— A	
(b		7,400(	بر ن س	<b>3</b>
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:	ក្ ក្	
	Lillian Co	+		80 <b>8</b> 0 <b>9</b>
	NEW Registered Office Address:			
	327 Dubs	DRIVE	_	
	Daytona Beach	7 ,FL 3311-	7	
If the	limited liability company is not organized	under the laws of the State of F	lorida, it is hereby co	onfirmed that after
agent	will be identical. Or, in the case of a Flor	eet address of the registered offi rida limited liability company it	ce and the business o is hereby confirmed	ffice of the registered that the change(s)
M 92/ A	vere authorized by an affirmative vote of t ticles of organization or the operating agre	he members of the limited liabil	ity company or as oth	ierwise provided in
	11/10- 6	The second of the finance habitity, co	llicin b	1
Sign	ature of a member or authorized representative of a	member	Printed or typed name	of signee
I her provi: the ob to me notifi	eby accept the appointment as registered of sions of all statutes relative to the proper of ligations of my position as registered age rely reflect a change in the registered office and in writing of this change	agent and agree to act in this ca and complete performance of my nt as provided for in Chapter 6U ce address, I hereby confirm tha	pacity. I further agree duties, and I am fan 15, F.S. Or, if this do t the limited liability	ee to comply with the niliar with and accept cument is being filed company has been

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

Signature of Registered Agent