

L22000332496

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STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE

Lafamilia Fashion LLC  
Jhon JeanPierre  
631 NW 38 ST CT  
Pompano Beach, FL 33064

Document Number: L22000332496  
Date of this notice: 08-26-2022  
Form: Statement of Change of registered Agent

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

To Whom It May Concern:

I, Jhon JeanPierre, am the owner of Locky Transfer Multi Services LLC. I am adding myself as a registered agent Limited Liability Company. I completed the form and attached with paper

At this point, I would love to thank you for help in advance. If you have any questions about any of the above, please feel free to contact me via mail or mail via the above address.

Thank you for your cooperation.

LAFAMILIA FASHION, LLC  
By:   
Jhon Jean Pierre, Principal Owner

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Locky Transfer Multi Services 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:

Jhon JeanPierre

Name of Person

Locky Transfer Multi Services LLC

Firm/Company

631 NW 38TH CT

Address

Pompano Beach, FL 33064

City/State and Zip Code

jhonjeanpierre98@gmail.com

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

For further information concerning this matter, please call:

Jhon JeanPierre

Name of Person

at ( 561 ) 305-3103

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

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OFFICE OF THE CLERK  
DIVISION OF CORPORATIONS

**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: Locky Transfer Multi Service LLC

2. (a) 631 NW 38Th CT  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Pompano Beach, FL 33064

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

3. 07/27/2022  
Date of filing/registration in Florida

4. L22000332496  
Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
631 NW 38TH  
Pompano Beach, FL 33064

(b) Jhon JeanPierre  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

631 NW 38th CT  
**NEW Registered Office Address:**  
\_\_\_\_\_  
Pompano Beach, FL 3 3 0 6 4

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DIVISION OF CORPORATIONS

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.

X [Signature] 10-10-22  
Signature of a member or authorized representative of a member

X-JHON JEANPIERRE 10-10-22  
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.*

X [Signature] 10-10-2022  
Signature of Registered Agent