

L22000334021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joy Bliss Designs 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:

Katie Sanchez
Name of Person

Joy Bliss Designs LLC
Firm/Company

5931 NW 60th Ave.
Address

Dakland FL 33067
City/State and Zip Code

joyblissdesigns@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Sanchez at (954) 254-3856
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2024

KATIE SANCHEZ
5931 NW 60TH AVENUE
PARKLAND, FL 33067

SUBJECT: JOYBLISS DESIGNS, LLC
Ref. Number: L22000334021

We have received your document for JOYBLISS DESIGNS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a 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) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 224A00015867

AUG 12 2024

**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: Jay Bliss Designs LLC

2. (a) 5931 NW 60th Avenue (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Parkland FL 33067

3. 7/28/22 4. L22000334021
Date of filing/registration in Florida Document number

5. (a) Inc Authority RA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

390 N Orange Ave Ste 2300-N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32801

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

Jay Bliss Designs

NEW Registered Office Address:

5931 NW 60th Ave

Parkland, FL 33067

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.

[Signature]
Signature of a member or authorized representative of a member

Katie Sanchez
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

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

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2024 AUG 12 PM 4:05
TALLAHASSEE, FLORIDA