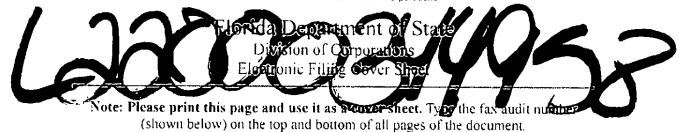
6/2/23, 11:20 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

C-ail	Address:			
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LLC REGISTERED AGENT CHANGE WENDY VITALE INTERIORS LLC

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COVER LETTER

From: James Wiseman

то:	Registration Section Division of Corporations							
SUBJE	WENDY VITALE INTERIORS LLC							
OOBOL		Name of Limited Liability Company						
Dear Si	r or Madam:							
The enc	losed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.					
Please r	return all correspondence concerning this	matter to the l	following:					
Cheye	enne Moseley							
	Name of Person		_					
Legala	zoom.com. Inc.							
···	Firm/Company		_					
101 N	. Brand Blvd., 11th Floor							
	Address							
Glend	ale, CA 91203							
	City/State and Zip Code	-	_					
wvinte	eriors@yahoo.com							
E-	mail address: (to be used for future annua	I report notifi	cation)					
For furt	her information concerning this matter, pl	ease call:						
Cheye	enne Moseley	800	773-0888 ext 9724					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314					
	Enclosed is a check for the following amount:							
	□ \$25 Filing Fee	\$ 5	5 Filing Fee & Certified Copy					
INHS18	(2/14)							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 603.0114 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.

l. N	ame of the limited liability company: WENDY VITA	ALE INTER	UORȘ LLC		·
2. (a)	20700 OVID LN.	(b) 2	0700 OVID LN.		
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) VENICE, FL 34293	Mailing address of limited liability company: (Yets: MAY BE POST OFFICE BOX) VENICE, FL 34293			
	VLINGE, FC 04200				
	08/05/2022	L2:	2000344958		
3.	Date of filing/registration in Florida	- 4. —	Document m	muper	
5. (á)	UNITED STATES CORPORATION AGENT	S, INC.			
·. (4)	Registered Agent and Registered Office shown on the records of	ń. ôf Stála:	7 N.	~7	
	476 Riverside Ave.			·	2623
	Registered Office Address QUUST RE FLORIDA STREET	ADDRESS	 -		•
		•			
	Jacksonville	32202			ι'n
	, FI		<u> </u>		PHG
(b)	Donna Smith		i	•	
(0)	finter manus of NEW Remistered Agent and/or NEW Registered	<u>;</u> ;	र र	رب ت-	
	172 Tanager Rd.		•		င်း
	NEW Registered Office Address:		 		
	Vanio		:		
	Venice	34293			
he cha igent i vas/w	imited liability company is not organized under the la- inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited it ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	f the registere ability compa of the limited	ed office and the busi any, it is hereby confi I liability company or lity company.	ness office of the reg	व्यवस्थान्त्र स्टब्स
Sign	ture of a mornber or sulhorized representative of a member		Printed or type	d name of signee	
I here provisi he obli to nien nolifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the vegistered office address. I all in writing of this change.	ree to act in to performance of for in Chap hereby confir	his capacisy. I furth t of my duties, and I a tier 605, F.S. Or, if i m that the limited lia	er agree to comply w am familiar with and this document is bein thilly company has l	ith the accept g filed been
Signatu	ne of Registered Agent	/			

Division of Corporationse P.O. Box 6327e Tellahassee, FL 32314 FILING FEE: \$25.00

INHS 18 (2/14)