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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	THE COZY DOULA L		nited Link	pility Company	
		Name of Em	mica Liai	onity Company	
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Re	gistered Office Chan	ge and fe	e(s) are submitted for filing.	
Please	e return all correspondence co	ncerning this matter	to the fol	llowing:	
JACI	GREEN				
	Name of F	erson		•	
THE	COZY DOULA LLC				
	Firm/Com	pany		-	22
3405 1	N ORANGE BLOSSOM TRAII	LOT 27			0001
•	Address			-	
ORLA	ANDO, FL, 32804				2
	City/State and	Zip Code			38 35
thecoz	rydoulaco@gmail.com				
	E-mail address: (to be used for	or future annual repo	rt notifica	ation)	
For fu	urther information concerning	this matter, please c	all:		
JACI	GREEN	72 at (20	314-9092	
	Name of Person			Area Code & Daytime Telephone Numbe	Г
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	S		Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the	ne following amount	t:		
	\$25 Filing Fee		□ \$55	Filing Fee & Certified Copy	
INHS	18 (2/14)				

THE ROSE OF STREET

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. Na	ame of the limited liability c	THE COZY DOU	ILA LLC			
2. (a)	3405 N ORANGE BLOSSON	TRAIL, LOT 27	(b) 34	05 N ORANGE BLOSSOM T	RAIL, LOT 27	
-, (-,	· · · · · · · · · · · · · · · · · · ·	f limited liability company: STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.	09/19/2022 Date of filing/regi	stration in Florida		000407473 Document number		
	UNITED STATES CORPOR					
5. (a)	Registered Agent and Registered	Office shown on the records of	the Florida Dep	t. of State:		
	Registered Office Address (A	UST BE FLORIDA STREET	ADDRESS)			
	5575 S. SEMORAN BLVD.	SUITE 36				
	ORLANDO	, FL	32822		N -	
(b)	JACI GREEN					
	Enter name of NEW Registered	Agent and/or NEW Registered	Office address	;	= 52	
	NEW Registered Office Addres					
	3405 N ORANGE BLOSSO				5: 38	
			· · ·		7	
	ORLANDO	, FL	32804			
change agent v was/we	limited liability company is a cor changes are made, the F will be identical. Or, in the cere authorized by an affirmaticles of organization or the control of the cortangent	lorida street address of the ase of a Florida limited lia tive vote of the members of	registered of ability compa of the limited limited liabil	fice and the business office ny, it is hereby confirmed the liability company or as othe ity company.	of the registered hat the change(s) erwise provided in	
<u> </u>	iture of a member of authorized re	recentative of a marsha-	Ja	Printed or typed name of	n ciaman	
I here provisi the obl to mer notifie	by accept the appointment a ions of all statutes relative to ligations of my position as re ely reflect a change in the re d in writing of this change.	s registered agent and agr	we to act in th	his capacity. I further agree	to comply with the	
20 Kingra	fre of Registered Agent					

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