# L2200430910

(Re	equestor's Name)
(Ad	ddress)
,	•
(A.3	ddress)
(Au	Juless)
(Cit	ty/State/Zip/Phone #)
_	
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(	, · · · · · · · · · · · · · · · ·
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Eiling Officer
Special instructions to	Filling Officer.
	LUODAE
	J. HORNE
	MAY 1 6 2023
	<b>5</b> /X
	<u> </u>





200400655732

01/23/23--01020--018 \*\*35.00





March 29, 2023

SHARMAINE WILLIAMS 5830 NW 11TH AVE MIAMI, FL 33127 US

SUBJECT: FRAN'S 360 BOOTH RENTAL, LLC

Ref. Number: L22000430960

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

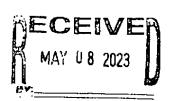
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 623A00007245

Jasmine N Horne Regulatory Specialist II



## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

RAN'S 360 BOOTH RENTAL, 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:

SHARMAINE WILLIAMS Firm/Company 5830 NWIITH AVE

MIAMI, FLORIDA 33127
City/State and Zip Code

Frans 360booth @gmail- Gm
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARMAINE WILLIAMS at 186, 641-8879

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

# 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: FRANS	360 Box	OTH RENTAL	,uc_
2. (a) 5830 NWIITH AVE	(b)		•
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MA) BE POST OFF	
MIAM, FL 33127			
OCTOBER 5, 2022  Date of filing/registration in Florida	L22	000430960	2
_	4.	Document number	
5. (a) INC AUTHORITY RA			
Registered Agent and Registered Office shown on the records of th	e Florida Dept. of St	ate:	
390 NORTH ORANGE AVE			
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS <sub>I</sub>		
SUITE 2300-N			
DRLANDO FL	32801		
(b) SHARMAING WILLIAMS		2	<b>20</b> ;
Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	<del>-</del>	C 33
Enter Hallo of 1-15 - 142 - 142 - 142 - 143 - 14		AS	₹ 7
5830 NWIITH AVE		(.) - (-) - 	-8 -i
NEW Registered Office Address:			是可
			- 0
•			58
MI Ami, FL	33127		্ৰ
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the ragent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liability.  Signature of a member or authorized representative of a member	registered office a pility company, it the limited liabil imited liability co	and the business office of the t is hereby confirmed that the lity company or as otherwise	e registered le change(s) le provided in
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have the continuous content of this change.  Signature of Registered Agent	e to act in this ca verformance of m for in Chapter 6 vereby confirm tha	apacity. I further agree to co y duties, and I am familiar v 05, F.S. Or, if this documen at the limited liability compo	omply with the with and accept it is being filed iny has been