## L2200049S 303

(Requestor's Name)				
(Address)				
bA)	dress)	<del> </del>		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer.				
		ļ		

Office Use Only



100422725091

01/80/24--01006--008 \*\*25.60

70% JEN 30 PM 3: 53

## COVER LETTER

TO: Registration Section Division of Corporations		•	
L.Poplavskaya.Craft LLC SUBJECT:			
	ame of Limited I.	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the	following:	
Larysa Marchenko			
Name of Person			
L.Poplavskaya.Craft LLC			
Firm/Company			
2091 Embarcadero Way		:- 	
Address			
North Fort Myers, FL 33917			
City/State and Zip Code	2	<u> </u>	
salori1973@gmail.com			
E-mail address: (to be used for future a	innual report notif	fication)	
For further information concerning this matt	er, please call:		
Larysa Marchenko	239 at (	257-0863	
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 followi	ng amount:		
■ \$25 Filing Fee	□ s	55 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 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. 1	Name of the limited liability company: L.Poplavskaya.Cr	raft LLC		
2. (a	2091 Embarcadero Way, North Fort Myers, FL 33917	(b)	2091 Embarcadero Way, North Fort My	ers, FL 33917
- (-	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabilit  (Note: MAY BE POST OFFI	
3.	11/21/2022  Date of filing/registration in Florida	 	1.22000495303  Document number	
5. (:	Larvea Marchenko			
<i>J</i> . (a	Registered Agent and Registered Office shown on the records of 847 Hookline Circle, Loxahatchee, FL 33470  Registered Office Address (MUST BE FLORIDA STREET)	·	7674 JAN 30	
	, FI			1130 PH
(b)	Larysa Marchenko  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	dress:	ည တ သ	
	2091 Embarcadero Way, North Fort Myers, FL 33917			
	NEW Registered Office Address:			
	, FI	· 		
chan agen was/	e limited liability company is not organized under the law ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	registered ability con of the limit limited lia	d office and the business office of the npany, it is hereby confirmed that the ted liability company or as otherwise	registered change(s)
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee	 :
provi the o to mo	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I had in writing of this change.	ree to act i performan d for in Ch hereby con	in this capacity. I further agree to con nce of my duties, and I am familiar wi hapter 605, F.S. Or, if this document nfirm that the limited liability compan	nply with the th and accept is being filed y has been
Signa	nure of Registered Agent			