

L23000111971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

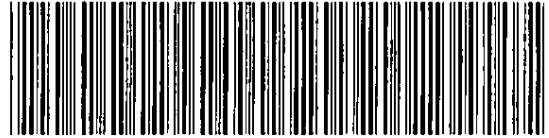
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

AUG 11 2023

Office Use Only



500410947515

06/23/23--01016--007 **25.00

FILED
CLERK OF STATE
2023 JUN 23 AM 9:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just Unique Love 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:

Jewel Nails
Name of Person

Just Unique Love LLC
Firm/Company

~~3936~~ 3936 S Semoran Blvd Suite 291
Address

Orland FL 32822
City/State and Zip Code

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

For further information concerning this matter, please call:

Jewel Nails at (407) 431-6731
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: Just Unique Love LLC
2. (a) 1170 Tree Swallow Drive 3936 S Semoran Blvd
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Bld Suite 291 Suite 291
Orlando FL 32822 Orlando FL 32822
3. 03-02-2023 Date of filing/registration in Florida 4. L23000111971 Document number

5. (a) Jewel Nails
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1170 Tree Swallow Drive
Registered Office Address: **(MUST BE FLORIDA STREET ADDRESS)**
Suite 123
Winter Springs, FL 32708

- (b) Jewel Nails
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3936 S Semoran Blvd
NEW Registered Office Address:
Suite 291
Orlando, FL 32822

FILED
SECRETARY OF STATE
2023 JUN 23 AM 9:20
CORPORATION

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.

Jewel Nails
Signature of a member or authorized representative of a member

Jewel Nails
Printed or typed name of signer

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.

Jewel Nails
Signature of Registered Agent