Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000208539 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Email Address:

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)389-0502

## LLC REGISTERED AGENT CHANGE SARASOTA TATTOO REMOVAL LLC

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

Certificate of Status	0
Certified Copy	]
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

Help JUN 1 2 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations		*				
SUBJECT: SARASOTA TATTOO REMO	OVAL LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	ce Change and fo	ee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the fe	ollowing:				
Cheyenne Moseley						
Name of Person		-				
Legalzoom.com, Inc.						
Firm/Company		-				
101 N. Brand Blvd., 11th Floor						
Address		-				
Glendale, CA 91203						
City/State and Zip Code		-				
perrycrawford87@gmail.com						
E-mail address: (to be used for future annu	al report notifica	ntion)				
For further information concerning this matter, p	olease call:					
Cheyenne Moseley	_ at (	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

To:

## 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	me of the limited liability company: SARASOTA TA	ATTO	O REMO	VAL LLC	,
2. (a)	3020 Clementine Ct., Unit 1204	(b) 3020 Clementine Ct., Unit 1204			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	. (*		Mailing address of limited I	• •
	Sarasota, FL 34240		Sarasota	a, FL 34240	
	05/02/2023		L2300021	17264	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS.	INC.			
J. (a)	Registered Agent and Registered Office shown on the records of the	Florid	a Dept. of State	::	
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES.	<u></u>	•	
		-			
		2202		•	
	JACKSONVILLE , FL 3	2202	<del></del>	مرابع	
(b)	Perry Crawford			<b>.</b>	2023
` '	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	dress:	•	
•	2000 01: 10: 01: 11: 14:004				: Q
	3020 Clementine Ct., Unit 1204				<del>,</del> ι
	NEW Registered Office Address:				112:
					<u>,</u>
					ယ
	Sarasota <sub>FL</sub> 3	4240			
the char agent w was/we the artic	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liability.	ic regi ility co the lim nited l	stered office ompany, it is nited liability	and the business offices hereby confirmed that company or as otherways.	e of the registered t the change(s)
Signat	ure of a member or authorized representative of a member			Printed or typed name of s	ignec
provisio he obli o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided fly reflect a change in the registered office address, I her writing of this change	rform	ance of mu c	lutive and Lum Inmilia	ar with and accent.
Signatur	e of Registered Agent				