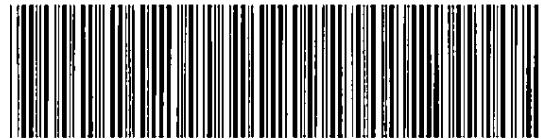


L23000434631

(Requestor's Name)



(Address)

(Address)

200438745182

10/31/24--01016--003 *25.00

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV 21 2024

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2024 OCT 31 PM 12:00

PROBATE COURT
CLERK'S OFFICE
STATE OF PENNSYLVANIA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLOTTE MULLER DESIGN 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:

MÜLLER, CHARLOTTE

Name of Person

CHARLOTTE MULLER DESIGN LLC

Firm/Company

7901 4TH ST N STE 300

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

service@kelliworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelli Lewis 888 875-4555
Name of Person at () 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

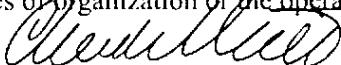
\$55 Filing Fee & Certified Copy

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:	CHARLOTTE MULLER DESIGN LLC	
2. (a) 7901 4TH ST N	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) 7901 4TH ST N Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	STE 300	STE 300
	ST. PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702
3. Date of filing/registration in Florida	4. Document number	
09/18/2023	L23000434631	
5. (a) NORTHWEST REGISTERED AGENT LLC	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	7901 4TH ST N	
	Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>	
	STE 300	
	ST. PETERSBURG, FL 33702	
(b) Kelliworks Accounting Firm LLC	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
	777 Brickell Ave Suite	
	<u>NEW</u> Registered Office Address:	
	STE #514	
	Miami, FL 33131	

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.

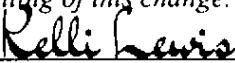


MÜLLER, CHARLOTTE

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.



Signature of Registered Agent

2024 OCT 31 PM 12:00
FILED