L2400075308

| (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: | | | | | | |
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91/28/24--01010--002 **25.00



COVER LETTER

| | Registration Section Division of Corporations | | | | | | | |
|------------------|--|--------------|---|--------------|--|--|--|--|
| eun ir c | SEWBUSY SEWING SERVICE LLC | | | | | | | |
| SUBJEC | Name of Limited Liability Company | | | | | | | |
| Dear Sir | or Madam: | | | | | | | |
| The encl | osed Registered Agent/Registered Offic | e Change ar | nd fee(s) are submitted for filing | | | | | |
| Please re | turn all correspondence concerning this | matter to th | e following: | | | | | |
| MYRIA | M FERRANTE | | | | | | | |
| | Name of Person | | | | | | | |
| | | | | 209 | | | | |
| | Firm/Company | | | 2021, JAH 26 | | | | |
| 4710 B | BEACON DR | | | | | | | |
| | Address | | | PH W 09 | | | | |
| SARAS | SOTA, FL 34232 | | | 11 N | | | | |
| | City/State and Zip Code | | | | | | | |
| bookm | ark358@gmail.com | | | | | | | |
| E-n | nail address: (to be used for future annu | al report no | tification) | | | | | |
| For furth | er information concerning this matter, p | olease call: | | | | | | |
| MYRIA | M FERRANTE | _ at (_941 | 321-5588 | | | | | |
| | Name of Person | | Area Code & Daytime Tele | phone Number | | | | |
| 1 1 (2 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301 | ! ! | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 | | | | | |

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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.

| I. Na | ame of the limited liability company: | | 3 SERVIC | E LLC | | | | | |
|---|---|---------------------------|-----------------------------|---|--|--|--|--------------------------------|--|
| 2. (a) | | (b | o) | | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ħ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | |
| | 4710 Beacon Dr | | 4710 Be | eacon Dr | | | | | |
| | Sarasota, FL 34232 | - | Saraso | ota, FL 34232 | | | | | |
| | 1/11/2024 | | L240000 | 25308 | | | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | | | |
| 5. (a) | | | | | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State ZenBusiness Inc | | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | 1777855 | <u>'1</u> | NO TANK | | | | | |
| | Registered Office Address MUST BE PLOKIDA STREET A | 2024 JAN 26 304 JAN 26 | | | | | | | |
| | Tallahassee | 32301 | | , - P | | | | | |
| | , , | · · · · · | | | | | | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Myriam Ferrante | | | | | | | | | |
| | | | | | | | | NEW Registered Office Address: | |
| | | | | | | | | 4710 Beacon Dr | |
| | Sarasota . FL | 34232 | | | | | | | |
| 10.1 | | | C C.131 | | | | | | |
| | imited liability company is not organized under the law inge or changes are made, the Florida street address of | | | | | | | | |
| agent v | vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of | ability co | ompany, it is | s hereby confirmed that the change(s) | | | | | |
| | cles of organization or the perating agreement of the | | liability com | nnany | | | | | |
| Ma | ugn (Elelle) | | MYR | IAM FERRANTE Printed or typed name of signee | | | | | |
| Signa | ture of a member or authorized representative of a member | | 7 | Printed or typed name of signee | | | | | |
| provisi the obl to merc | by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h Fin writing of this change | perform d for in C | ance of my e Chapter 605 | duties, and I am familiar with and accept . F.S. Or. if this document is being filed | | | | | |
| Signatu | re of Registered Agent | | | | | | | | |