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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Luxe by design 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:					
Alexa Sepulveda Name of Person						
Live by design Firm/Company						
710 Pondella Rd. Ste 7 PMB. Address	<u>30</u> 08					
North Ft Mujers, Fl. 33903 City/State and Zip Code						
E-mail address: (to be used for future annual report notif	l fication)					
For further information concerning this matter, please call:						
Alexa Sepulveda at (239) Name of Person) ZS7-9214 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:						
Su \$25 Filing Fee □ \$	55 Filing Fee & Certified Copy					

STÄTEMENT 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.

	me of the limited liability company: Luxe by C 710 Pondella Rd. St. 7 PMB 3008 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	Mailing addre	Ula Rd. St ss of limited liability 5' BE POST OFFICE	-
	North Ft. Myers, Fl 33903	No.1	th Ft. M	ycis, Fl. ?	33903
3.	Collo 24 Date of filing/registration in Florida	4.	24 000 2 Document		
5. (a)	Registered Agent and Registered Office shown on the records of the	agents 1 he Florida Dept. of	<u>ν</u> C - State:		
	Registered Office Address MCST BE FLORIDA STREET A	(DDRESS)			
	Jacksonvill FL	32202			
(b)	Alexa Sepulvida			Ċ	
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office address			
	710 Pondella Rd Str. 7 PW NEW Registered Office Address:	1B 3008		f C !	
	North Ft. Myers FL	33903			
change agent w was/wo	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere authorized.	registered office bility company, f the limited liab limited liability	and the busine it is hereby co- pility company company.	ess office of the r nfirmed that the c or as otherwise r	egistered change(s)
Signa'	nure of a member or authorized representative of a member	_Ticxa	Printed or ty	ped name of signee	
I herel	by accept the appointment as registered agent and agrooms of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I h	nertormance at i	mv (hilles and	<i>I am tamuuar</i> wu	n ana accept

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing of this chapge.

Signature of Registered Agent