

M1400004916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 28 2016  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BYCK DESIGNS, 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:

DAVID R BYCK

Name of Person

BYCK DESIGNS, LLC

Firm/Company

2843 S BAYSHORE DR, APT 14E

Address

MIAMI, FL 33133

City/State and Zip Code

DAVIDBYCK@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID R BYCK

Name of Person

at ( 917 )

9919354

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 27 P 7 25

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**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: BYCK DESIGNS, LLC
2. (a) 2843 S BAYSHORE DR  
Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
APT 14E  
MIAMI, FL 33133
- (b) 2843 S BAYSHORE DR  
Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
APT 14E  
MIAMI, FL 33133
3. JULY 11TH, 2014 Date of filing/registration in Florida
4. M14000004916 Document number

5. (a) DAVID R BYCK  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10155, COLLINS AVE

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

APT 1104

BAL HARBOUR, FL 33154

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


2843 S BAYSHORE DR

NEW Registered Office Address:

APT 14E

MIAMI, FL 33133

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.

  
Signature of member or authorized representative of a member

DAVID R BYCK

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.*

\_\_\_\_\_  
Signature of Registered Agent

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

**FILED**  
2016 JUN 27 P 7:25  
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TALLAHASSEE, FLORIDA