Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number: I20100000062 : (888)705-7274 : (888)706-7274 Fax Number

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

Email	Address:	

LLC REGISTERED AGENT CHANGE FRESH BABY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Fresh Baby, LLC	· ·			
	ne of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Mary Castillo				
Name of Person				
Registered Agent Solutions, Inc.				
Firm/Company	1000-1000			
1701 Directors Blvd, Suite 300				
Address				
Austin, TX 78744				
City/State and Zip Code	TOTAL TO A CONTROL OF THE SECOND SECO			
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Mary Castillo	888 705-7274			
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 Fec	S55 Filing Fee & Certified Copy			
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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.

LIMITED LIABILITY COMPANY

1. N	ame of the limited liability company: Fresh Ba	by, LLC		
2. (a)	523 EAST MITCHELL ST	_(b) 523 E	AST MITCHEL	L ST
•	Principal office address of limited liability company:	(0)	Mailing address of limited li	
	(<u>Note: MUST BE STREET ADDRESS)</u>	DETC	(<u>Note: MAY BE POST (</u>	
	PETOSKEY, MI 49770	PEIC	SKEY, MI 497	70
	10/28/2016	M1600	00008709	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CORPORATION SERVICE COM	//PANY		
(-)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	te:	D 2
	1201 HAYS STREET			1881 1881
	Registered Office Address (MUST BE FLORIDA STREE)	(ADDRESS)	_	JIVISION OF C
	TALLAHASSEE F	_L 32301-2525	- - -	용소[]
(b)	Registered Agent Solutions, Inc.			######################################
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	_	~ .
	155 Office Plaza Dr.		_	
	NEW Registered Office Address;		_	
	Suite A		_	
	Tallahassee	_L 32301	_	
If the I	imited liability company is not organized under the la	iws of the State of Fl	– orida litis hereby confi	rmed that after

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.

/s/	Cheryl	Α.	Moel	lenbeck
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Cheryl A. Moellenbeck Managing Member

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst. Secretary

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