M17000009183

(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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SECOLOGISE OF STATE
TALLAMASSEE, FLORIDA

3. PRATHE



September 8, 2018

VITALIY ARABADJI 7 BIRD HAVEN PL PALM COAST, FL 32137

SUBJECT: DESIGNS BY VITALI LLC

Ref. Number: M17000009183

We have received your document for DESIGNS BY VITALI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 018A00018627

COVER LETTER

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TO:	Registration Section Division of Corporations				
SUBJE	ect: <u>Designs b</u>	y Vitali	LLC		
	N:	ame of Limited Liab	bility Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered O	ffice Change and fe	ee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the fo	ollowing:		
\	Vitaliy Arabadji Name of Person		_		
	Firm/Company		_		
	Bird Haven Pl Address	,	-		
Pa	Am Coast FL 3213 City/State and Zip Code	7	_		
\ E	1. arabadji@gmail.com -mail address: (to be used for future a	nnual report notific	ation)		
	ther information concerning this matte				
	Vitaliy Arabadji Name of Person	at (_509_) 711-0550 Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	RLING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314		
	Enclosed is a check for the following amount:				
	⅓ \$25 Filing Fee	Q \$55	Filing Fee & Certified Copy		
INHS18	8 (2/14)				

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	une of the limited liability company: Designs	by V	litali LLC
2. (a)		(b))
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	7 Bird Haven Pl		7 Bird Haven Pl
	Palm Coast FL 32137	_	Palm Coast FL 32137
	10/27/2017		M 17000009183
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	1st United CRS. LLC		
(/	154 United CRS, LLC Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET A 421 Capital Circle NW Tallahassee .FL Vitaliy Arabadji Enter name of NEW Registered Agent and/or NEW Registered	323	SEP 24 PM
	NEW Registered Office Address:		
	7 Bird Haven Pl		
	Palm Coast, FL	<u> 3213</u>	<u>></u>
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility cor f the limi	stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	Uitalian Amender or authorized representative of a member		Vitaliy Arabadji
			Titued of typed hand of signed
1 herel	by accept the appointment as registered agent and agr	ee to act	in this capacity. I further agree to comply with the

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