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Account Number : FCA000000023 : (514)280-3338 : (954)208-0845 Fax Number

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LLC REGISTERED AGENT CHANGE ONLINE LABELS, LLC

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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. Na	ame of the limited liability company: Online Labels	, LLC		
2. (a)			(b)	
` .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability con (Note: MAY BE POST OFFICE B)	
	2021 E. Lake Mary Blvd		2021 E. Lake Mary Blvd	220
	Sanford, FL 32773	. 	Sanford, Ft. 32773	
				
	July 24, 2020		M20000006408	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Capitol Corporate Services, Inc.			
). (a)	Registered Agent and Registered Office shown on the record	s of the Flori	rida Dept. of State:	
	515 East Park Avenue, 2nd Floor			
	Registered Office Address (MUST BE FLORIDA STRE	tress (MUST BE FLORIDA STREET ADDRESS)		<u>)</u>
			1	
	Tallahassee	32301	 I	ال د ب
		, FL <u></u>		5 CO:
.1.5	C.T.Corporation System			
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	: address:	6 EHU: 45
				<u></u>
				ć
	NEW Registered Office Address:			
	1200 South Pine Island Road		<u></u>	
	Plantation	33324	4	
	1 familiation	, FL	·	
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membeicles of organization or the operating agreement of	the registed liability of ers of the li	tered office and the business office of the regist company, it is hereby confirmed that the char limited liability company or as otherwise prov	stered nge(s)
	MA		CLOL Holdeo, LLC by Perrin Monroe, its Secretar	у
Signa	nture of a member or authorized representative of a member	_	Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change.	lete perfori rided for in s, I hereby	rmance of my duties, and I am familiar with a n Chapter 605, F.S. Or, if this document is be v confirm that the limited liability company ha	with the nd accept ring filed is been
اس	nd McCini	Nichol N	McCroy, Assistant Secretary	
SiMS	he of Registered Agent			
	Division of Corporations P.	O. Box 63	327• Tallahassee, FL 32314	

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