

P140000 88727

(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:

Office Use Only



300274983413

07/13/15--01033--008 \*\*35.00

FILED  
15 JUL 13 AM 7:10  
T. LEMIEUX  
JUL 15 2015

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Elle and K Boutique  
Name of Corporation

DOCUMENT NUMBER: P14000088727

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsey Mitchell  
Name of Contact Person

Elle & K Boutique  
Firm/Company

19040 Bruce B. Downs Blvd. Ste 307  
Address

Tampa, FL 33647  
City/State and Zip Code

info@elleandk.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsey Mitchell at (407) 207-8924  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ellie and K Boutique
2. The principal office address: 19046 Bruce B. Downs Blvd, Suite 307, Tampa, FL 33647
3. The mailing address (if different): " "

4. Date of incorporation/qualification: 10/29/14 Document number: P14000088727

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

5036 Dr. Phillips Blvd  
Suite 297  
Orlando, FL 32819

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

19046 Bruce B. Downs Blvd  
Suite 307  
Tampa, FL 33647

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lindsey Mitchell  
Signature of an officer or director

Lindsey Mitchell  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lindsey Mitchell  
Signature of Registered Agent

7-8-15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314