

P15 000023598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

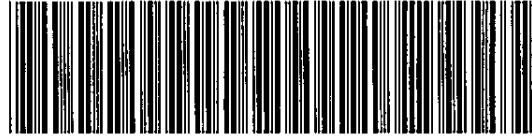
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JUL 16 AM 10:15
TALLAHASSEE, FLORIDA

R/ACng
JUL 17 2015
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Enlightened Suits & Apparel

Name of Corporation

DOCUMENT NUMBER: P15000023598

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:

Letricia Davis

Name of Contact Person

Enlightened Suits & Apparel

Firm/Company

122 Ne 21st Terr

Address

Gainesville, FL 32641

City/State and Zip Code

ljohnson8us@yahoo.com

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

For further information concerning this matter, please call:

Letricia Davis

Name of Contact Person

at (352) 2565554

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2015

LETICIA DAVIS
122 NE 21ST TERR
GAINESVILLE, FL 32641

SUBJECT: LETICIA DAVIS CORP
Ref. Number: P15000023598

We have received your document for LETICIA DAVIS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate that the above referenced entity is assigned to the document number you provided. We can find no record of Enlightened Suits & Apparel listed in our records. Please indicate whether the above referenced entity is the correct entity or provide proof that Enlightened Suits and Apparel does exist in our database. Also, you have left the name and street address of the current registered agent and the name of the street address of the new registered agent blank. Both sections must be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 815A00013883

RECEIVED
15 JUL 16 PM 1:56
DIVISION OF CORPORATIONS

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Enlightened Suits & Apparel Letricia Davis Corp
2. The principal office address: 122 Ne 21st Terr
Gainesville, FL 32641
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/9/2015 Document number: P15000023598

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)

Letricia Davis Corporation
122 NE 21st Terr
Gainesville, FL 32641

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

Enlightenment Suits & Apparel
122 NE 21st Terr
Gainesville, FL 32641

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.

Letricia Davis

Signature of an officer or director

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.


Signature of Registered Agent

6/9/2015

Date

If signing on behalf of an entity:

Letricia Davis

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