The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE:			
	Electronic Signature of Registered Agent		
Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	WILSON, ANGELA	Name	WILSON, GRAYSON
Address	3313 TERRA COTTA DRIVE	Address	3313 TERRA COTTA DRIVE
City-State-Zip:	PQANAMA CITY BEACH FL 32408	City-State-Zip:	PANAMA CITY BEACH FL 32408
Title	AMBR		

# DOCUMENT# L19000169025

Entity Name: 1715 DESIGN FIRM, LLC

### **Current Principal Place of Business:**

3313 TERRA COTTA DRIVE PANAMA CITY BEACH, FL 32408

#### **Current Mailing Address:**

3313 TERRA COTTA DRIVE PANAMA CITY BEACH. FL 32408

## FEI Number: 84-2317849

#### Name and Address of Current Registered Agent:

WILLIAMS, ANNE C

3526 FOX RUN BLVD

PANAMA CITY BEACH FL 32408

POPE, CRANSTON 490 GRACE AVENUE PANAMA CITY, FL 32401 US

Title Name

Address

City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA WILSON

OWNER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 28, 2022 Secretary of State 1951476309CC

Certificate of Status Desired: No

Date

Date