

L25000257892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

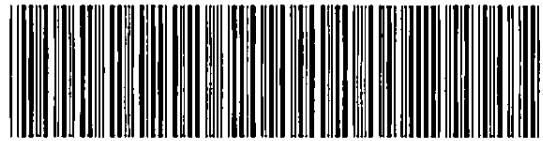
(Document Number)

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2025 SEP -8 PM 12:18

SECTION 11 STATE
TALLAHASSEE, FL

9/11/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: House of Nixon LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kendall D. Nixon
Name of Person

House of Nixon LLC
Firm/Company

746 Park Manor Drive
Address

Orlando, FL 32825
City/State and Zip Code

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

For further information concerning this matter, please call:

Kendall D. Nixon at (910) 853.5767
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2025

KENDALL D NIXON
746 PARK MANOR DRIVE
ORLANDO, FL 32825

SUBJECT: HOUSE OF NIXON LLC
Ref. Number: L25000257892

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

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

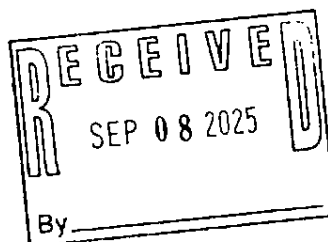
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 025A00018908



**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. Name of the limited liability company: House of Nixon LLC
2. (a) 746 Park Manor Drive, Orlando, FL 32825 (b) 746 Park Manor Drive, Orlando, FL 32825
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 06/02/2025 Date of filing/registration in Florida 4. L25000257892 Document number

5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 Riverside Ave
Jacksonville, FL 32202

- (b) Kendall D. Nixon
Enter name of NEW Registered Agent and/or NEW Registered Office address:

746 Park Manor Drive
NEW Registered Office Address:

Orlando, FL 32825

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Kendall D. Nixon
Printed or typed name of signee

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]
Signature of Registered Agent

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2025 SEP -8 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FL