

LO90000 32406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

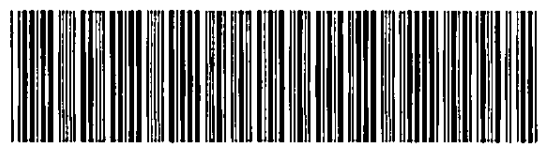
(Business Entity Name)

(Document Number)

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APR 13 2020

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2020 APR 13 PM 5:00
SUNNYVALE TX 75159

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APR 23 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLONIAL DRUGS OF KISSIMMEE 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:

Krista Adams

Name of Person

Firm/Company

6912 Aloma Ave.

Address

Winter Park, FL 32792

City/State and Zip Code

colonialdrugs@yahoo.com

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

For further information concerning this matter, please call:

Krista Adams at (407) 344-5588

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

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: COLONIAL DRUGS OF KISSIMMEE LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6912 Aloma Ave.
Winter Park, FL 32792

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Winter Park, FL 32792

04/02/2009 L09000032406

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Krista Admas
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
728 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

FILED
 2020 APR 13 PM 5:00
 TALLAHASSEE, FLORIDA
 STATE DEPARTMENT OF REVENUE

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Krista Admas
NEW Registered Office Address:
6912 Aloma Ave.
Winter Park, FL 32792

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 of a member or authorized representative of a member
 Krista Adams
 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 of Registered Agent