

**L110000010700**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 FEB -8 PM 4:9  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kindred Spirits, 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:

Tina M. Clark  
Name of Person

Kindred Spirits, LLC  
Firm/Company

2665 N Atlantic Ave, # 321  
Address

Daytona Beach, FL 32118  
City/State and Zip Code

kindredspirits@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina M. clark at ( 386 ) 235-5948  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2012

TINA M. CLARK  
2665 N. ATLANTIC AVENUE #321  
DAYTONA BEACH, FL 32118

SUBJECT: KINDRED SPIRITS, LLC  
Ref. Number: L11000010700

We have received your document for KINDRED SPIRITS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 312A00001629

FILED  
12 FEB - 8 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: Kindred Spirits, LLC

2. (a) Principal office address of limited liability company: 2727 N Atlantic Ave, #214

**(Note: MUST BE STREET ADDRESS)**

Daytona Beach, FL 32114

(b) Mailing address of limited liability company:

Kindred Spirits, LLC

**(Note: MAY BE POST OFFICE BOX)**

2665 N Atlantic Ave, # 321

Daytona Beach, FL 32118

January 25, 2011

L11000010700

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:

Registered Agent:

Tina M. Clark

Registered Office Address:

1510 Ocean Shore Blvd, # 407

Ormond Beach, FL 32176

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

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

2727 N Atlantic Ave. # 214

Daytona Beach, FL 32118

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.

Tina M. Clark  
Signature of a member or authorized representative of a member

TINA M. CLARK  
Printed or typed name of signer

*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 608, 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.*

Tina M. Clark  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
8 PM 1/25/11  
TALLAHASSEE, FLORIDA  
CLERK OF STATE