

L11000107117

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
KOPKE'S KREATIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOPKE'S KREATIONS 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:

Sarah Thomas

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 West Broadway Blvd.

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Thomas

(Name of Person)

at (**323**) **962-8600 X7658**

(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

**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: KOPKE'S KREATIONS LLC
2. (a) Principal office address of limited liability company: 1684 NIGHT OWL TRAIL
MIDDLEBURG FL 32058 US
 (Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: P.O. BOX 330455
P.O. BOX 330455 ATLANTIC BEACH FL 32233 US
 (Note: MAY BE POST OFFICE BOX)

09/19/2011

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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:

AMANDA KOPKE

Registered Office Address:

1684 NIGHT OWL TRAIL
MIDDLEBURG FL 32058 US

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

NEW Registered Agent:

United States Corporation Agents, Inc.

NEW Registered Office Address:

13302 Winding Oaks Blvd., Suite A-100

(MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612-3425

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.

Amie Kopke
 (Signature of a member or authorized representative of a member)

Amie L. Kopke, Member and Manager

(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.

Jake Varghese, Vice President

(Signature of Registered Agent)

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

INHS18 (05/08)

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