

L11 000135099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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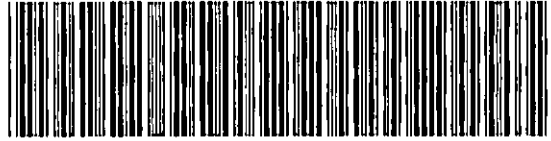
(Business Entity Name)

(Document Number)

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2021 AUG -6 PM 6:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C DAVIDSON INTERIOR DESIGN, 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:

JENNIFER A. JONES, CPA

Name of Person

ACCOUNTING UNLIMITED, INC

Firm/Company

2200 DEFENSE HIGHWAY, SUITE 206

Address

CROFTON, MD 21114

City/State and Zip Code

[jjones@accountingunlimited.net](mailto:jjones@accountingunlimited.net)

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

For further information concerning this matter, please call:

JENNIFER A. JONES, CPA

239 333-0806  
at ( )

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: C DAVIDSON INTERIOR DESIGN, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

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

5. (a) CONSTANCE DAVIDSON  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1449 DUBONNET COURT  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT MYERS FL 33919

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

NEW Registered Office Address:  
8620 SOUTHWIND BAY CIRCLE

FORT MYERS FL 33908

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.

Constance A. Davidson  
Signature of a member or authorized representative of a member

CONSTANCE DAVIDSON  
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.

Constance A. Davidson  
Signature of Registered Agent

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

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2021 AUG -6 PM 6:28  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304