

L120000026841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

DEC 11 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LP MITCHELL SNACKS 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:

LP MITCHELL

Name of Person

LP MITCHELL SNACKS LLC

Firm/Company

131 KIPLING DRIVE

Address

CRESTVIEW FL 32539

City/State and Zip Code

TAXPATH@AOL.COM

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

For further information concerning this matter, please call:

PATRICIA K HAGAN

Name of Person

at (850)

683-8895

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:
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

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

Registered Agent:
Registered Office Address:

- (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)

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

Signature of a member or authorized representative of a member
Larry P. Mitchell
Printed or typed name of signer
LARRY P MITCHELL

I hereby accept the appointment as registered agent and agree to act in compliance with the provisions of all statutes relative to the proper and correct and I am familiar with and accept the obligations of my position as registered agent. I hereby confirm that the limited liability company has been properly organized under the laws of the State of Florida.
Patricia K. Hagan
Signature of Registered Agent
PATRICIA K HAGAN, CPA
Division of Corporations, P.O. Box 6327,
Tallahassee, Florida 32301
FILING FEE: \$25

LP MITCHELL SNACKS LLC
131 KIPLING DRIVE
CRESTVIEW FL 32539
131 KIPLING DRIVE
CRESTVIEW FL 32539
L12000026841

CORPORATION SERVICE COMPANY
12012 HAYS STREET
TALLAHASSEE FL 32301

PATRICIA K HAGAN, CPA
1651 W HIGHWAY 90
BAKER

FILED
DEC 10 4 11 26
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: LP MITCHELL Snacks LLC

2. (a) Principal office address of limited liability company: 131 KIPLING DRIVE

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

CRESTVIEW FL 32539

(b) Mailing address of limited liability company:

131 KIPLING DRIVE

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

CRESTVIEW FL 32539

02/24/2012

3. Date of filing/registration in Florida

L12000026841

4. Document number

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

12012 HAYS STREET

TALLAHASSEE FL 32301

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

NEW Registered Agent:

PATRICIA K HAGAN, CPA

NEW Registered Office Address:

1651 W HIGHWAY 90

(MUST BE FLORIDA STREET ADDRESS)

BAKER, FL 325319330

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.

Larry P. Mitchell
Signature of a member or authorized representative of a member

LARRY P MITCHELL

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.

Patricia K Hagan
Signature of Registered Agent

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

FILING FEE: \$25.00