

L12000076324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

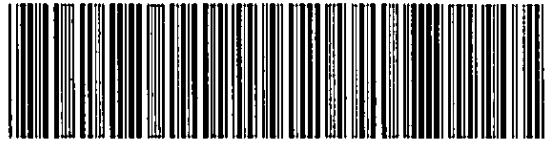
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENNEDY GROVE STABLES 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:

KELLY SIMPSON

Name of Person

KENNEDY GROVE STABLES LLC

Firm/Company

2055 CHASE HAMMOCK RD.

Address

MERRITT ISLAND, FL 32953

City/State and Zip Code

kennedygrovestables@yahoo.com

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

For further information concerning this matter, please call:

KELLY SIMPSON

443

336-8265

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: KENNEDY GROVE STABLES LLC
2. (a) 2055 CHASE HAMMOCK RD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- MERRITT ISLAND, FL 32953
- 06/07/2012
3. Date of filing/registration in Florida
- (b) 2055 CHASE HAMMOCK RD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
- MERRITT ISLAND, FL 32953
- L12000076324
4. Document number
5. (a) Simpson, Kelly G
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 WINDING OAK COURT
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
SUITE A
TAMPA, FL 33612
- (b) KELLY SIMPSON
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2055 CHASE HAMMOCK RD
NEW Registered Office Address:
MERRITT ISLAND, FL 32953

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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.

Kelly Simpson
Signature of a member or authorized representative of a member

KELLY SIMPSON
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 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.

Kelly Simpson
Signature of Registered Agent

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