

L13000027139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

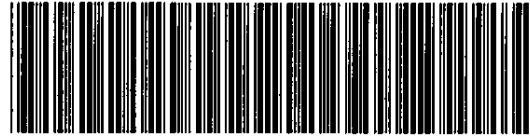
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900254775319

12/19/13--01013--011 \*\*25.00

FILED

2013 DEC 19 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 20 2013

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sissy's Confections, 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:

Shannon Flint

Name of Person

Sissy's Confections

Firm/Company

25767 Lake Amelia Way, #204

Address

Bonita Springs, FL 34135

City/State and Zip Code

shannonflint@ymail.com

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

For further information concerning this matter, please call:

Shannon Flint

Name of Person

at ( 239 ) 250-1808

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: Sissy's Confections, LLC

2. (a) Principal office address of limited liability company: 25767 Lake Amelia Way, #204  
**(Note: MUST BE STREET ADDRESS)** Bonita Springs, FL 34135

(b) Mailing address of limited liability company: 25767 Lake Amelia Way, #204  
**(Note: MAY BE POST OFFICE BOX)** Bonita Springs, FL 34135

2/21/2013

3. Date of filing/registration in Florida

L13000027139

4. Document number

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

Registered Agent:

United States Corporation Agents, Inc.

Registered Office Address:

13302 Winding Oak Ct., Unit A  
Tampa, FL

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

**NEW Registered Agent:**

Scott M. Ketchum, Esquire

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

9180 Galleria Ct.

Suite 400

Naples, FL 34109

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.

Shannon Flint  
Signature of a member or authorized representative of a member

Shannon Flint  
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 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.

Shannon Flint  
Signature of Registered Agent

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

FILING FEE: \$25.00