

L13000168579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

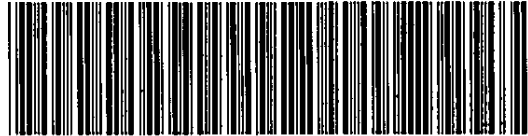
(Business Entity Name)

(Document Number)

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2016 MAY 27 P 6:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 03 2016  
Warren  
S. MAGON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Williams Cherished Momentz 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:

Yalanda Pinney

Name of Person

Williams Cherished Momentz LLC

Firm/Company

PO BOX 855

Address

Odessa FL 33556

City/State and Zip Code

ydwilliams84@gmail.com

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

For further information concerning this matter, please call:

Yalanda Pinney at (813) 760-3749  
Name of Person 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 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: WILLIAMS CHERISHED MOMENTZ LLC

2. (a) WILLIAMS CHERISHED MOMENTZ LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1589 IMPERIAL KEY DRIVE

TRINITY, FL 34655

(b) WILLIAMS CHERISHED MOMENTZ LLC

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PO BOX 855

ODESSA, FL 33556

12/05/2013

3. Date of filing/registration in Florida

L13000168579

4. Document number

5. (a) YALANDA WILLIAMS

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1589 IMPERIAL KEY DRIVE

TRINITY, FL 34655

(b) YALANDA PINNEY

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

WILLIAMS CHERISHED MOMENTZ LLC

NEW Registered Office Address:

1589 IMPERIAL KEY DRIVE

TRINITY, FL 34655

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TALLAHASSEE, FLORIDA

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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.

Yalanda Pinney  
Signature of a member or authorized representative of a member

YALANDA PINNEY

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.*

Yalanda Pinney  
Signature of Registered Agent