

L14 0000 67196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

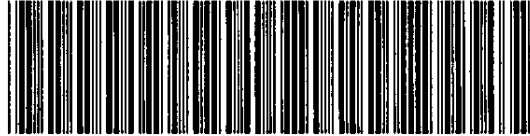
(Document Number)

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17 JAN 17 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2016

KATRINA GOLOBOWICH
12602 NW 12TH CT
SUNRISE, FL 33323

SUBJECT: KIDS PARTY LANE, LLC
Ref. Number: L16000063196

We have received your document for KIDS PARTY LANE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 316A00007955

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIDS PARTY LANE, 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:

CATERINA FALCONE

Name of Person

KIDS PARTY LANE, LLC

Firm/Company

12602 NW 12TH CT.

Address

SUNRISE, FL 33323

City/State and Zip Code

kidspartylane@gmail.com

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

For further information concerning this matter, please call:

AARON GOLOBOWICH

at (305) 788-8581

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

RECEIVED
2017 JAN 17 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: KIDS PARTY LANE, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

12602 NW 12TH CT.

SUNRISE, FL 33323

Mailing address of limited liability company:

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

12602 NW 12TH CT.

SUNRISE, FL 33323

03/30/2016

L16000063196

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

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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

13302 WINDING OAKS COURT, SUITE A

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

TAMPA, FL 33612

(b) CATERINA FALCONE

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

12602 NW 12TH CT.

NEW Registered Office Address:

SUNRISE, FL 33323

FILED
17 JAN 17 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Katrina Golobowich
Signature of a member or authorized representative of a member

KATRINA GOLOBOWICH

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.

[Signature]
Signature of Registered Agent