

L16 0000 99745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

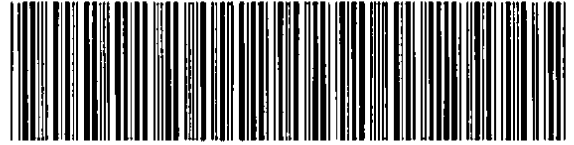
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AUG 20 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOLEQUINE, 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:

LEANE S. PETER

Name of Person

CANNACONNECT, LLC (FORMERLY KOLEQUINE)

Firm/Company

34612 PROMISE LN.

Address

DADE CITY, FL 33523

City/State and Zip Code

CANNACONNECT2019@gmail.com

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

For further information concerning this matter, please call:

LEANE S. PETER

Name of Person

at (321) 947-10013

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2019

LEANE ST. PETER
34612 PROMISE LN
DADE CITY, FL 33523

SUBJECT: KOOLEQUINE, LLC
Ref. Number: L16000099745

We have received your document for KOOLEQUINE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return 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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00015871

**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: WOLFEQUINE, LLC

2. (a) 34612 PROMISE LN (b) 34612 PROMISE LN

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

DADE CITY, FL 33523

DADE CITY, FL 33523

3. MAY 23, 2011 4. L10000C19745
Date of filing/registration in Florida Document number

5. (a) 2408 HAMPTON PLACE CT. LEEANE ST. PETER

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

2408 HAMPTON PLACE CT.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANT CITY, FL 33566

VOID
FEB 10 11 5

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

34612 PROMISE LN.
NEW Registered Office Address:

DADE CITY, FL 33523

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.

[Signature]
Signature of a member or authorized representative of a member

LEEANE ST. PETER
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