

L170000 99275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

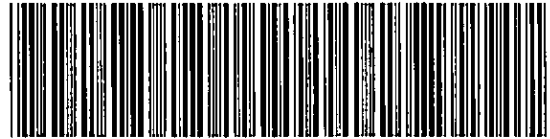
(Document Number)

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FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
20 JUN -3 PM 3:14

Re Change (office)

JUN 12 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kiriisa Management 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:

Hope Kiriisa

Name of Person

N/A

Firm/Company

11703 Fife Ave

Address

Tampa FL 33617

City/State and Zip Code

Hkiriisa@gmail.com

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

For further information concerning this matter, please call:

Hope Kiriisa

813
at (_____) _____

810-7045

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

FILED
STATE
CLERK OF COURTS
20 JUN -3 PM 3:14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2020

HOPE KIRIISA
1703 FIFE AVE
TAMPA, FL 33617

SUBJECT: KIRIISA MANAGEMENT LLC
Ref. Number: L17000099275

We have received your document for KIRIISA MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing the signatures at the bottom of the page.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 920A00009689

**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: Kiriisa Management LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

8761 N 56th St #291482

8761 N 56th St #291482

Tampa, FL 33617

Tampa, FL 33617

05/04/2017

1.17000099275

3. Date of filing/registration in Florida

4. Document number

5. (a) Hope Kiriisa

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

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

11703 Fife Ave

Tampa, FL 33617

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

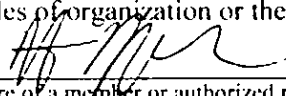
Hope Kiriisa

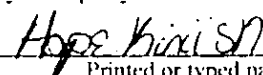
NEW Registered Office Address:

8761 N 56th St #291482

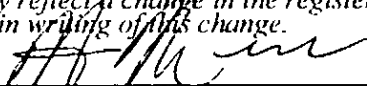
Tampa, FL 33617

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 of a member or authorized representative of a member


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.


Signature of Registered Agent

RECEIVED
JUN 3 2020
DEPT. OF STATE
DIVISION OF CORPORATIONS