

L18 0000078323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

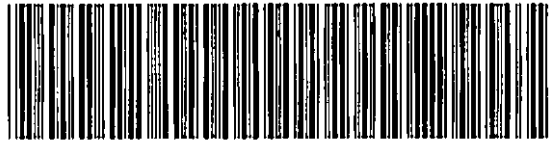
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400365299114

05/05/21 - 01007 --- 005 \*\*35.00

2021 JUL 12 PM 1:34

FILED

RA/Rc/chg

JUL 14 2021

ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Candy Coral Reef, 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:

Scott Williams  
Name of Person

Candy Coral Reef, LLC  
Firm/Company

4079 Whistlewood Cir  
Address

Lakeland, FL 33811  
City/State and Zip Code

ScubbyA@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Williams at ( 863 ) 529-7700  
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



RECEIVED

2021 JUL 12 PM 1:40

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2021

SCOTT ALFRED WILLIAMS  
4079 WHISTLEWOOD CIR  
LAKELAND, FL 33811

SUBJECT: CANDY CORAL REEF, LLC  
Ref. Number: L18000078323

We have received your document for CANDY CORAL REEF, 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):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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: 021A00013862

**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: Candy Coral Reef, LLC

2. (a) 5032 Lunn Rd Lakeland, FL 33811

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 5032 Lunn Rd Lakeland, FL 33811

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 03/27/2018  
Date of filing/registration in Florida

4. L18000078323  
Document number

5. (a) United States Corporation Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 36

Orlando, FL 32822

(b) Scott Alfred Williams

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

4079 Whistlewood Cir

NEW Registered Office Address:

Lakeland, FL 33811

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.

Scott Williams

Signature of a member or authorized representative of a member

Scott Williams

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.*

Scott Williams

Signature of Registered Agent

FILED  
2021 JUL 12 PM 1:34  
TALLAHASSEE, FL