

L18000186922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

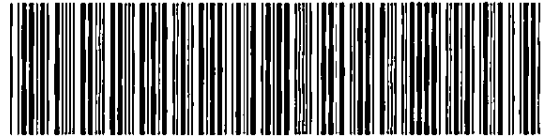
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

18000186922

APR 12 2014

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FILED  
2024 APR -5 PM 1:30  
SECRETARY OF STATE  
ALABAMA DEPT. OF REVENUE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Wilkins Way  
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:

Karen Wilkins  
Name of Person

The Wilkins Way LLC  
Firm/Company

2822 S. Alafaya Trl #140  
Address

Orlando, FL 32828  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Wilkins at (850) 284-3143  
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

**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: The Wilkins Way LLC
2. (a) 2822 S. Alafaya Trl #140 (b) 2822 S. Alafaya Trl #140  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Orlando FL 32828 Orlando FL 32828
3. 8/3/2018 4. L18000186922  
Date of filing/registration in Florida Document number
5. (a) Jeffrey Kaplan  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
130 Remington Dr #1000  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32765
- (b) Karen Wilkins  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
2822 S. Alafaya Trl #140  
**NEW Registered Office Address**:  
Orlando, FL 32828

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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.

Karen Wilkins  
Signature of a member or authorized representative of a member

Karen Wilkins  
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.

Karen Wilkins  
Signature of Registered Agent