L18000281939

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2019

DERRICK MCKENZIE P.O. BOX 848611 PEMBROKE PINES, FL 33084

SUBJECT: STAY WARM LLC Ref. Number: L18000281939

19 MAY - 6 PM 12: 45

APPROVED AND FILED

We have received your document for STAY WARM 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. 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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 819A00004697

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Stay Warm	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
Derrick Mykenzie Name of Person		
Stay Warm L Firm/Company	<u>-LC</u>	2019 M SECR
P.O BOX 848622 Address	<u>-</u>	DIPMAY - 6 PM 12: 49 SECRETACY TESTATE ALLABASSES FIRED
Pembroke Pines, Fl City/State and Zip Code	33084	**************************************
The Staywarmfirm gmo E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter,	please call:	
Derrick McKenzie Name of Person	at (305) 927 – 2338 Area Code & Daytime Teleph	one 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	

INHS18 (2/14)

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	
1. Name of the limited liability company: Stay Warm	
2. (a) 3003 Boat Lift Road Kissimmer, Fl (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	OBOX 848611 Pembroke Pines fl Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3003 Boat Lift Road P.T	Box 848611
Kissimmee, Fl 34746 Perr	broke Pines, Fl 33084
	8600281939
3. Date of filing/registration in Florida 4.	Document number
5. (a) Cheyenne Moseley Registered Agent and Registered Office shown on the records of the Florida Dept. o	f State:
United States (or poration Agents, I Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u>Inc</u>
13302 Winding Oak Court	2019 M
Tampa , FL 336=	APPR FILLAIMSSS
(b) Device Makenzie Enter name of NEW Registered Agent and/or NEW Registered Office address:	PH 12:
Enter name of NEW Registered Agent and/or NEW Registered Office address.	22: L
3003 Boat Lift Rogo NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Kissimmee, Fl 34746	
Kissimmee, 50, FL 3474	16
If the limited liability company is not organized under the laws of the State of the change or changes are made, the Florida street address of the registered of agent will be identical. Or, in the case of a Florida limited liability company was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Derrick Mykenze

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.

Printed or typed name of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

ignature of Registered Agent

Signature of a member or anthorized representative of a member