

(11)

L19000059659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

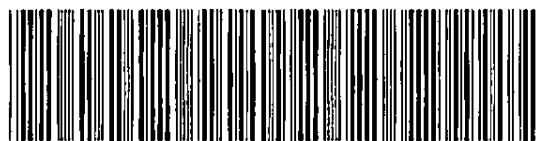
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

INVESTIGATIONS - ALL OTHERS

Office Use Only



300437461373

1-25-01 12:44:00

MAILED
JUN 25 2001
FBI - NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIM M WILLIAMSON, 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:

KIM M WILLIAMSON
Name of Person

KIM M WILLIAMSON, LLC
Firm/Company

5616 E BAY BLVD
Address

GULF BREEZE, FL 32503
City/State and Zip Code

Kimwill32@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM M WILLIAMSON at (850) 598-2782
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

Fee already received
with original submission. Correct form for
LLC enclosed.

**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: KIM M WILLIAMSON, LLC
2. (a) 5616 E BAY BLVD GULF BREEZE, FL (b) 5616 E BAY BLVD GULF BREEZE, FL
Principal office address of limited liability company: 32563 Mailing address of limited liability company: 32563
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
3. 2/28/2019 Date of filing/registration in Florida 4. L19000059059 Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
476 RIVERSIDE AVE
JACKSONVILLE, FL 32202
- (b) KIM M WILLIAMSON
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
5616 E BAY BLVD
GULF BREEZE, FL 32563

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.

Kim M. Williamson
Signature of a member or authorized representative of a member

KIM M WILLIAMSON
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.

Kim M. Williamson
Signature of Registered Agent