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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| Office Use Only | | | | |
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R. WHITE JUH 17 CCI

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Book Comfy 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:

DELESCIA KIMBROUGH

Name of Person

Book Comfy LLC

Firm/Company

7901 4th St N Ste 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

support@registeredagentsinc.com

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

at (____

For further information concerning this matter, please call:

Chance Reynolds

Name of Person

_817)____925-2744__

Area Code & Daytime Telephone 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 Tałłahassee, Florida 32314

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 | Book Cor | nfy LLC | |
|---|---|---|---|
| 2. (a) <u>100 S ASHLEY DRIVE</u> Principal office address of limited (<i>Note: MUST BE STREET</i> Tampa, FL 33602 | hability company: | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 03/12/2019 3. Date of filing/registration | in Florida | 4 | L 19000070160 Document number |
| 5. (a) KIMBROUGH, DELES Registered Agent and Registered Office st 7326 YARDLEY WAY Registered Office Address (MUST BI | SCIA A nown on the records of the | ie Florida Dept. of | |
| (b) Registered Agents | · · · · · · · · · · · · · · · · · · · | | · · · |
| 7901 4th St N <u>NEW</u> Registered Office Address: STE 300 | | | |
| St. Petersburg | , FL_ | 33702 | |
| the change or changes are made, the Flori- agent will be identical. Or, in the case of was/were authorized by an affirmative vol- the articles of organization or the operatin Signature of a member or authorized representation I hereby accept the appointment as regist provisions of all statutes relative to the pri- the obligations of my position as registered | da street address of t a Florida limited lia te of the members of g agreement of the l we of a member tered agent and agre coper and complete a agent as provided a office address. I h | the registered o bility company. The limited liability <u>D</u> te to act in this performance of tor in Chapter | f Florida, it is hereby confirmed that after ffice and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in company. ELESCIA KIMBROUGH Printed of typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed that the limited hability company has been |

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

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