

L19000 105570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

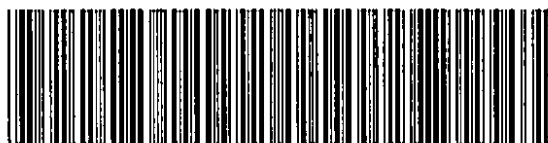
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE NO NAME OF BAY COUNTY 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:

KRIS COX

Name of Person

THE NO NAME OF BAY COUNTY LLC

Firm/Company

17687 ASHLEY DR.

Address

PANAMA CITY BEACH, FL ~~32413~~ 32413

City/State and Zip Code

KrisCox422@gmail.com

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

For further information concerning this matter, please call:

KRIS COX

Name of Person

at (850) 381-0470

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

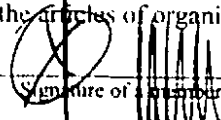
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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 NO NAME OF BAY COUNTY LLC
2. (a) 5555 Hwy 98
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
PANAMA CITY FL 32401
- (b) 17687 ASHLEY DR.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PANAMA CITY BEACH, FL 32413
3. 04/17/2019
Date of filing/registration in Florida
4. L19000105570
Document number
5. (a) TROY CAMPBELL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
17687 ASHLEY DR, PANAMA CITY BEACH, FL 32417
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PANAMA CITY BEACH, FL 32417
- (b) KRIS COX
Enter name of NEW Registered Agent and/or NEW Registered Office address:
17687 ASHLEY DR
NEW Registered Office Address:
PANAMA CITY BEACH, FL 32413

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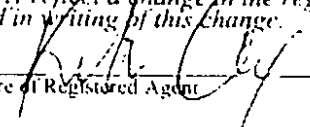
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

RICHARD COX

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 505, 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.


Signature of Registered Agent

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