

L19 000126398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

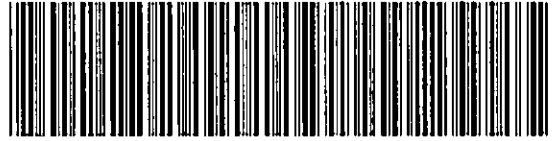
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C. GOLDEN

APR 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

Cindy's Florida LLC

SUBJECT: _____
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:

Cynthia Davies

Name of Person

Firm/Company

6601 Tennyson St NE Apt 12301

Address

Albuquerque, NM 87111

City/State and Zip Code

info@cindysfloridallc.com

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

For further information concerning this matter, please call:

Cynthia Davies

308

289-1122

Name of Person at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2020

CYNTHIA DAVIES
6601 TENNYSON STREET NE
APT. 12301
ALBUQUERQUE, NM 87111

SUBJECT: CINDY'S FLORIDA LLC
Ref. Number: L19000126398

We have received your document for CINDY'S FLORIDA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 920A00006168

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.

Cindy's Florida LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

8051 N Tamiami Trail, Suite E6

8051 N Tamiami Trail, Suite E6

Sarasota, FL 34243

Sarasota, FL 34243

May 9, 2019

L19000126398

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Cynthia Davies

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

695 CENTRAL AVENUE #15010

St Petersburg 33701
FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Cynthia Davies

NEW Registered Office Address:

8051 N Tamiami Trail, Suite E6

Sarasota 34243
FL

2019 MAY 15 PM 1:17

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.

Cynthia Davies, Member
Signature of a member or authorized representative of a member

Cynthia Davies
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.

Cynthia Davies
Signature of Registered Agent