

L19000165298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

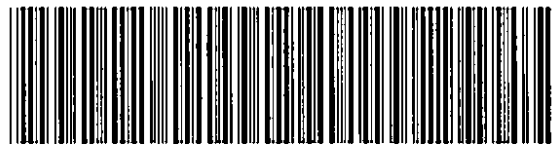
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 26 PM 5:21

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D. BRUCE
AUG 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILDHOOD&HOME 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:

LAUREN NOLAN

Name of Person

CHILDHOOD&HOME LLC

Firm/Company

285 UPTOWN BLVD APT 255

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

LAUREN.NOLAN@CHILDHOODANDHOME.COM

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

For further information concerning this matter, please call:

LAUREN NOLAN

at (231)

903-8936

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

2. (a) 285 UPTOWN BLVD APT 255
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
ALTAMONTE SPRINGS FL 32701

(b) 285 UPTOWN BLVD APT 255
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
ALTAMONTE SPRINGS FL 32701

5. (a) FLORIDA REGISTERD AGENT LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th Street N, Suite 300 St. Petersburg, FL 33702
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____, FL_____

(b) LAUREN NOLAN

Enter name of NEW Registered Agent and/or NEW Registered Office address:

285 UPTOWN BLVD

NEW Registered Office Address:

APT 255

ALTAMONTE SPRINGS, FL 32701

Lauren Nolan Lauren Nolan
Signature of a member or authorized representative of a member Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)