

L20 0000042216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

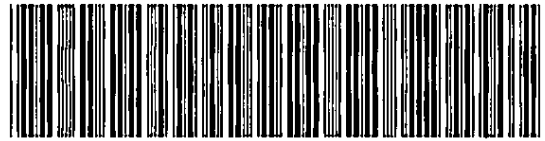
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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PA & RD Change

02/09/22--01012--000 **35.00

2022 FEB 28 AM 11:05
CLERK OF SUPERIOR COURT
JANUARY 1, 2022

FILED

A RAMSEY
MAR 01 2022

*00789, 00524, 00671

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Williams Home Daycare 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:

Stephanie Williams
Name of Person

Williams Home Daycare LLC
Firm/Company

4764 La Casa Circle
Address

Milton, FL 32571
City/State and Zip Code

stef@stenny.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Williams at (850) 994-3750
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB 28 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FL

February 17, 2022

STEPHANIE WILLIAMS
WILLIAMS HOME DAYCARE LLC
4764 LA CASA CIRCLE
PACE, FL 32571 US

SUBJECT: WILLIAMS HOME DAYCARE LLC
Ref. Number: L20000042216

We have received your document for WILLIAMS HOME DAYCARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is an LLC. I have enclosed the correct form.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 422A00004012

**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: Williams Home Daycare LLC

2. (a) 4764 La Casa Circle (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)

Milton, FL
32571

3. 2/5/2020 4. L20000042216
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd. Suite 36
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32822

(b) Stephanie Williams
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4764 La Casa Circle
Milton, FL 32571

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.

Stephanie Williams
Signature of a member or authorized representative of a member

Stephanie Williams
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.

Stephanie Williams
Signature of Registered Agent

FILED
2022 FEB 28 AM 11:05
TALLAHASSEE, FLORIDA
STATE DEPT. OF STATE