

L20 000 186 907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 AUG 26 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG 26 AM 11:11

July 22, 2021

MARIANNE KLINE
21196 136 ST
LIVE OAK, FL 32060

SUBJECT: QUILTS GALORE & MORE LLC
Ref. Number: L20000186907

We have received your document for QUILTS GALORE & MORE 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 you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 321A00016997

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quilts Galore & More
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:

MARIANNE Kline
Name of Person

Firm/Company

21196 136 ST
Address

Live Oak, FL 32060
City/State and Zip Code

mKline1960@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marianne Kline at (904) 537-2063 ^{Please leave} _{message}
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

**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: Quilts Galore & More

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)

21196 136 St
Live Oak, FL 32060

21196 136 St
Live Oak FL 32060

3. 7-1-2020 4. L20000186907
Date of filing/registration in Florida Document number

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

5575 Semoran Blvd St 36
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando FL 32399

(b) Marianne Kline
Enter name of NEW Registered Agent and/or NEW Registered Office address:

21196 136th St
Live Oak FL
_____ FL 32060

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 26 AM 11:31

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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.

Marianne E Kline
Signature of a member or authorized representative of a member

Marianne E Kline
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.

Marianne E Kline
Signature of Registered Agent