

120000221639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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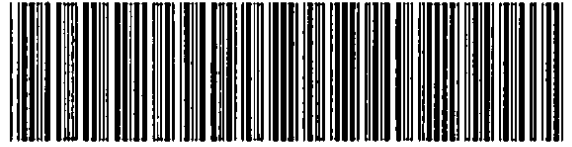
(Business Entity Name)

(Document Number)

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

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Name of Person

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Firm/Company

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Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Hope Kiriisa at (813) 810-7045

Name of Person Area Code & Daytime Telephone Number

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

☐ \$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: Kiriisa and Co LLC

2. (a) Kiriisa and Co LLC (b) Kiriisa and Co LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

100 S. Ashley Drive, Suite 600

Tampa, FL, 33602, United States of America

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

100 S. Ashley Drive, Suite 600

Tampa, FL, 33602, United States of America

07/25/2020

1.20000221639

3. Date of filing/registration in Florida

4. Document number

5. (a) Hope Kiriisa

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

2780 E FOWLER AVE #247

Tampa, FL 33612

(b) Hope Kiriisa

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

**NEW Registered Office Address:**

100 S. Ashley Drive, Suite 600

Tampa, FL 33617

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

Hope Kiriisa

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 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.*

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**