

KZ0 000234277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

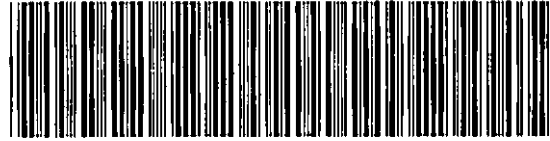
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Momma Birds & Construction 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:

Samantha Eckman
Name of Person

Momma Birds & Construction LLC
Firm/Company

570 Coopers Cove Rd.
Address

Saint Augustine, FL 32095
City/State and Zip Code

Sjewels0722@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Eckman at (904) 536-0445
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: Momma Bird's Design & Construction

2. (a) 570 Coopers Cove Rd. (b) 570 Coopers Cove Rd.
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Saint Augustine, FL 32095 Saint Augustine, FL 32095

3. August 4, 2020 4. L20000234277
 Date of filing/registration in Florida Document number

5. (a) Legal Zoom
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

United States Corporation Agents, Inc.
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. Semoran Blvd Suite 36
Orlando, FL 32822

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

570 Coopers Cove Rd.
NEW Registered Office Address:
Saint Augustine, FL 32095

FILED
 2021 AUG 20 AM 3:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

Henry Eckman Signature of a member or authorized representative of a member
Henry Eckman Printed or typed name of signee
Samantha Eckman

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.

Henry Eckman
 Signature of Registered Agent