

L20000334474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2/10/21 AP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARK BAKERY MIAMI
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:

JULIETTA VIDELA

Name of Person

BARK BAKERY MIAMI

Firm/Company

3371 SW 24TH ST

Address

MIAMI, FLORIDA 33145

City/State and Zip Code

barkdogbakerymiami@gmail.com

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

For further information concerning this matter, please call:

JULIETTA VIDELA

Name of Person

347

at ()

420-1883

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.

Name of the limited liability company: BARK BAKERY MIAMI

(a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3371 SW 24TH ST
MIAMI, FLORIDA 33145

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3371 SW 24TH ST
MIAMI, FLORIDA 33145

10/21/2020 4. 1.20000334474
Date of filing/registration in Florida Document number

(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
GABRIELA P. OLIVA
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2001 SW 6TH ST, APT 11
MIAMI, FL 33135

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
JULIETTA VIDELA
NEW Registered Office Address:
3371 SW 24TH ST
MIAMI, FL 33145

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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.

Gabriela Oliva
Signature of a member or authorized representative of a member

GABRIELA P. OLIVA
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.

Julietta Videla
Signature of Registered Agent