

L21000086000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

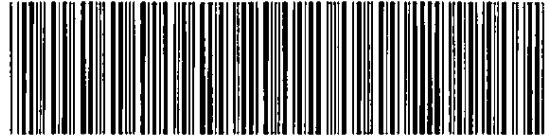
(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Woke Poke  
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:

Lauren Kilpatrick - Benonis  
Name of Person

The Woke Poke  
Firm/Company

3440 US1 South, Suite 102  
Address

St. Augustine, FL 32086  
City/State and Zip Code

woke.poke.904@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Kilpatrick - at ( 904 ) 547-1355  
Name of Person Area Code & Daytime Telephone Number

Benonis

**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: The Woke Poke
2. (a) The Woke Poke Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
3440 US1 South, Suite 102  
St. Augustine, FL  
32086  
2/22/2021
- (b) Mailing address of limited liability company:  
(Note: **MAY BE POST-OFFICE BOX**)  
same as  
left  
LC21000086000
3. Date of filing/registration in Florida 4. Document number

5. (a) Lauren Kilpatrick  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3440 US1 South, Suite 102, St Augustine, FL 32086  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Lauren Benonis  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Same as above  
NEW Registered Office Address:

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

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.

Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2024

LAUREN BENONIS  
3440 US 1 SOUTH  
SUITE 102  
ST. AUGUSTINE, FL 32086

SUBJECT: THE WOKE POKE LLC  
Ref. Number: L21000086000

We have received your document for THE WOKE POKE 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 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS, but your entity is a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 824A00000685

