

L21000086000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

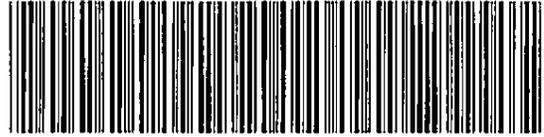
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2023 DEC 11 AM 7:08
STATE OF FL

AO

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

wokepoke904@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

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.

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2023 DEC 11 AM 7:08

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**)

(b) _____ Mailing address of limited liability company:
(Note: **MAY BE POST-OFFICE BOX**)

3440 US1 South, Suite 102 same as
St. Augustine, FL left
32086

3. 2/22/2021 Date of filing/registration in Florida

4. L21000086000 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 32084
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

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

Same as above
NEW Registered Office Address:

_____, FL _____

We were married

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]
Signature of a member or authorized representative of a member

Lauren Benonis
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]
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

