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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

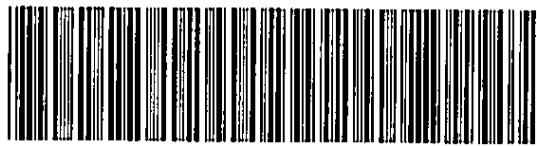
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDNIGHT SHADOWS CANDLES AND MORE 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:

MARLA COPELAND ESTY

Name of Person

EASY TAX AND ACCOUNTING

Firm/Company

P O BOX 2066

Address

HIGH SPRINGS FL 32655

City/State and Zip Code

easytax@windstream.net

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

For further information concerning this matter, please call:

MARLA COPELAND ESTY 386 454-8959
Name of Person at () 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

S55 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:	MIDNIGHT SHADOWS CANDLES AND MORE LLC		
2. (a) KELLIE YEOMANS LINDROSE	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) KELLIE YEOMANS LINDROSE	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	4609 NW 36TH PLACE		4609 NW 36TH PLACE
	JENNINGS FL 32053		JENNINGS FL 32053
03/08/2021		L21000109180	
3. Date of filing/registration in Florida	4. Document number		
5. (a) INC AUTHORITY RA	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: INC AUTHORITY RA		
	Registered Office Address	<i>(MUST BE FLORIDA STREET ADDRESS)</i>	
	390 NORTH ORANGE AVE SUITE 2300-N		
	ORLANDO	32801	, FL
(b) KELLIE YEOMANS LINDROSE	Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address:		
	KELLIE YEOMANS LINDROSE		
	<u>NEW</u> Registered Office Address:		
	4609 NW 36TH PLACE		
JENNINGS	32053	, FL	

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.

Disney Long
DISNEY LONG

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.

Kellie Yeomans Lindrose
Signature of Registered Agent

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