

L21 000 109180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

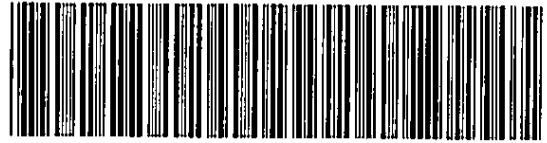
(Business Entity Name)

(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 ACCOUTNING

Firm/Company

P O BOX 2066

Address

HIGH SPRINGS FL 32655

City/State and Zip Code

easntax@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

☐ \$55 Filing Fee & Certified Copy

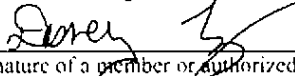
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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

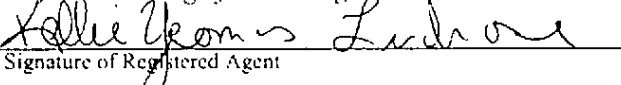
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Signature of a member or authorized representative of a member

DISNEY LONG
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