

L21 000137561

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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JUN 10 2021  
TALLAHASSEE, FLORIDA

2021 JUN 10 PM 1:36

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OUR ROOTS PRODUCTS 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:

ALEJANDRA P PRADA CARMONA  
Name of Person

OUR ROOTS PRODUCTS LLC  
Firm/Company

157 NICOLE LN  
Address

CRESTVIEW, FL 32539  
City/State and Zip Code

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

For further information concerning this matter, please call:

ALEJANDRA P PRADA CARMONA      850      737-7772  
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: OUR ROOTS PRODUCTS LLC

2. (a) ALEJANDRA P PRADA CARMONA (b) 157 NICOLE LN , CRESTVIEW, FL 32539

Principal office address of limited liability company:  
(*Note: MUST BE STREET ADDRESS*)

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

157 NICOLE LN

CRESTVIEW, FL 32539

L21000137561

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

4. L21000137561 Document number

5. (a) APRIL 2 2021  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LYDIA L SALVADOR

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

515 PHEASANT TRAIL

CRESTVIEW, FL 32536

(b) ALEJANDRA P PRADA CARMONA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

ALEJANDRA P PRADA CARMONA

NEW Registered Office Address:

157 NICOLE LN

CRESTVIEW, FL 32536

FILED  
2021 JUN 10 PM 1:36  
TALLAHASSEE, FL 32314

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.

Alejandra Prada Carmona  
Signature of a member or authorized representative of a member

ALEJANDRA P PRADA CARMONA

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.*

Alejandra Prada Carmona  
Signature of Registered Agent