

h21000255821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

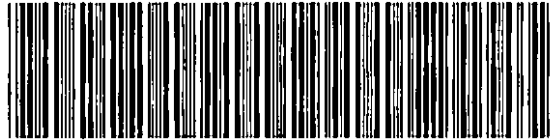
(Business Entity Name)

(Document Number)

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2021 JUN 14 AM 4:31  
FALL, MISSOURI  
CLERK OF COURT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE KIND BISCUIT 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:

Jill M. Smith  
Name of Person

THE KIND BISCUIT LLC  
Firm/Company

1956 LAKEWOOD DR.  
Address

CLEARWATER FL 33763  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jill M. Smith at ( 727 ) 235-8238  
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.

1. Name of the limited liability company: THE KIND BISCUIT LLC
2. (a) 1956 LAKEWOOD DR. (b) 1956 LAKEWOOD DR.  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
CLEARWATER FL CLEARWATER FL  
33763 33763
3. 6/2/21 4. LZ1000255821  
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORP. AGENTS INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAN BLVD.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
36  
ORLANDO FL 32822

- (b) JILL M. SMITH  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1956 LAKEWOOD DR.  
**NEW Registered Office Address:**  
CLEARWATER FL 33763

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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.

Jill M. Smith  
Signature of a member or authorized representative of a member

Jill M. Smith  
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.

Jill M. Smith  
Signature of Registered Agent