

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000339894

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(((H22000240249 3)))



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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : INCFILE.COM LLC
 Account Number : I20220000070
 Phone : (888)462-3453
 Fax Number : (877)919-2613

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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**LLC REGISTERED AGENT CHANGE
 DAISY DAYS PICNIC CO. L.L.C.**

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

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Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAISY DAYS PICNIC CO. L.L.C.
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:

LOVETTE DOBSON
Name of Person

INCFILE.COM LLC
Firm/Company

17350 STATE HWY 249 #220
Address

HOUSTON, TEXAS 77064
City/State and Zip Code

EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (888) 462-3453
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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000240249 3)))

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: DAISY DAYS PICNIC CO. L.L.C.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1100 LOWRY AVE UNIT 25
LAKELAND, FL 33801

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1100 LOWRY AVE UNIT 25
LAKELAND, FL 33801

3. 07/27/2021 Date of filing/registration in Florida
4. L21000339894 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
RACHEL JACOB
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1100 LOWRY AVE UNIT 25
LAKELAND, FL 33801

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Kaf Nelson
NEW Registered Office Address:
1503 E Private Dr.
Lakeland, FL 33813

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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.

Kaf Nelson Signature of a member or authorized representative of a member
Kaf Nelson 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.

Kaf Nelson
Signature of Registered Agent