

121000432507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

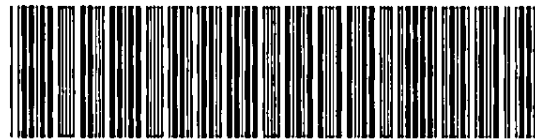
(Business Entity Name)

(Document Number)

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2022 JAN 12 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FL

JAN 11 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 12 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FL

December 9, 2021

IRENE LYKENS
3349 SAGEE PLACE
TALLAHASSEE, FL 32309

SUBJECT: MORGAN AUSTIN BOWS LLC
Ref. Number: L21000432507

We have received your document for MORGAN AUSTIN BOWS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00029601

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morgan Austin Bows 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:

Irene Lykens
Name of Person

Morgan Austin Bows
Firm/Company

3349 Sagee Place
Address

Tallahassee, FL 32309
City/State and Zip Code

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

For further information concerning this matter, please call:

Irene Lykens at (850) 591-2070
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: Morgan Austin Bows LLC

2. (a) 3349 Sagee Place

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Tallahassee, FL 32309

(b) 3349 Sagee Place

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Tallahassee, FL 32309

3. 10/4/21

Date of filing/registration in Florida

4. L21000432507

Document number

5. (a) United States Corporation 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)

Suite 36

Orlando, FL 32822

(b) Irene Lykens

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

3349 Sagee Place

NEW Registered Office Address:

Tallahassee, FL 32309

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TALLAHASSEE, 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.

[Signature]
Signature of a member or authorized representative of a member

Irene Lykens
Printed or typed name of signer

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]
Signature of Registered Agent