

L21 000434292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

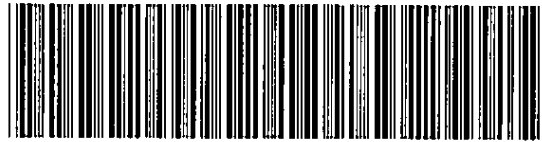
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000389436350

06/17/22--01011--006 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 17 PM 4:46

FILED

Handwritten mark

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNOWY MOUNTAIN RANCH, 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:

MARION K. BASS
Name of Person

SNOWY MOUNTAIN RANCH, LLC
Firm/Company

97 CUMBERLAND DR.
Address

LAMONT FL 32336
City/State and Zip Code

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

For further information concerning this matter, please call:

KENT BASS at (850) 933-8167
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: SNOWY MOUNTAIN RANCH, LLC

2. (a) 97 Cumberland DR, 97 Cumberland DR.

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

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

Lamont FL 32336

FL 32336

#3
original filing date was 10/5/21
date to change registered agent - 4/24/22

0434292

3. Date of filing/registration in Florida

5. (a) KATRINA WATSON
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

97 Cumberland DR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lamont, FL 32336

(b) MARION K. BASS
Enter name of NEW Registered Agent and/or NEW Registered Office address:

97 Cumberland DR
NEW Registered Office Address.

Lamont, FL 32336

2022 JUN 17 PM 4:46
 FILED
 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]
Signature of a member or authorized representative of a member

Marion Kent Bass
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