

121 000444773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

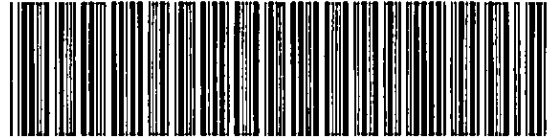
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900384590629

RECEIVED

MAR 28 2022

03/29/22--01002--027 **25.00

FILED

2022 MAR 28 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

APR 08 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mid Century Made
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:

Kendra Hess
Name of Person

Mid Century Made
Firm/Company

1694 Brookside Bl
Address

Largo FL 33770
City/State and Zip Code

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

For further information concerning this matter, please call:

Kendra Hess at (727) 723-4280
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: Mid Century Made

2. (a) _____

Principal office address of limited liability company:

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

1674 Brookside Bl
Largo FL 33970

(b) _____

Mailing address of limited liability company:

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

1674 Brookside Bl
Largo FL 33970

3. 10/10/21
Date of filing/registration in Florida

4. L21000444773
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2840 W Bay Dr #269
Belleair Bluffs FL 33970

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1674 Brookside Bl
NEW Registered Office Address:
Largo FL 33970

_____, 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.

Kendra Hess
Signature of a member or authorized representative of a member

Kendra Hess
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.

Kendra Hess
Signature of Registered Agent

FILED
2022 MAR 28 PM 6:39
SECRETARY OF STATE
TALLAHASSEE, FL