

L22000024456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

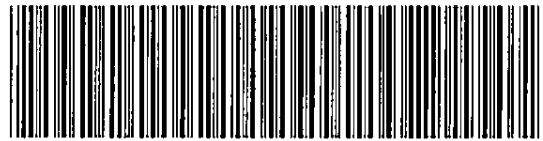
(Document Number)

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CLERK OF SUPERIOR COURT
JULIA A. STEINER, CLERK

Ra Change

MAR 11 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Christina Cannon 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:

Christina Cannon
Name of Person

Firm/Company

1620 Sherbourne St
Address

Winter Garden, FL 34787
City/State and Zip Code

Christina.Cannon121@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Cannon at (407) 409-4654
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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2024 FEB 16 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2024

CHRISTINA CANNON LLC
1620 SHERBOURNE ST
WINTER GARDEN, FL 34787

SUBJECT: CHRISTINA CANNON LLC
Ref. Number: L22000024456

We have received your document for CHRISTINA CANNON 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):

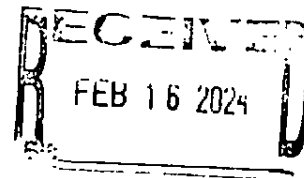
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Operations Manager A

Letter Number: 624A00002244



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: Christina Cannon LLC
2. (a) Christina Cannon LLC (b) Same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 1620 Sherbourne St Same
Winter Garden, FL 34787 Same
3. 1/11/2022 4. L220000024456
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2327 Mid Town Ter Apt 1525
Orlando, FL 32839

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

\$
NEW Registered Office Address:
1620 Sherbourne St
Winter Garden, FL 34787

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2024 FEB 16 AM 8:57
SECRETARY OF STATE
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

Christina Cannon
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.

[Signature]
Signature of Registered Agent