

L22 0000 34647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

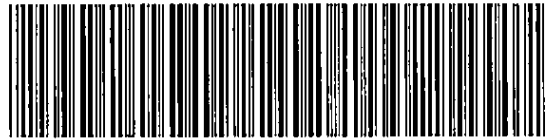
(Document Number)

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Wrong  
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09/10/23--01026--007 \*\*35.00

FILED  
2023 SEP - 1 AM 11:39  
TALLAHASSEE, FL  
CLERK OF STATE

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2023

TIARA THOMAS  
2297 TEALWOOD CIR  
TAVARES, FL 32778

SUBJECT: THE STUFFED ROLL L.L.C.  
Ref. Number: L22000034647

We have received your document for THE STUFFED ROLL L.L.C. 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 LLC. 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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 823A00013728

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Stuffed Roll 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:

Tiara Thomas  
Name of Person

The Stuffed Roll LLC  
Firm/Company

2297 Realwood Cir  
Address

Tallahassee FL 32314  
City/State and Zip Code

NM180426@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiara Thomas at ( 904 ) 351-3551  
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

RECEIVED

AUG 14 2023

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Sec. of State  
TALLAHASSEE, FL

**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: The Stuffed Roll LLC

2. (a) 2297 realwood cir (b) 2297 realwood cir  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Tavares FL 32778 Tavares FL 32778

3. 01/18/2022 4. L22000034647  
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
476 Riverside ave  
Jacksonville, FL 32202

(b) Tiara Thomas  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
2297 realwood circle  
Tavares, FL 32778

**FILED**  
2023 SEP - 1 AM 11:39  
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] Tiara Thomas  
Signature of a member or authorized representative of a member 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