

K22000095832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

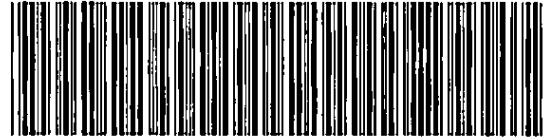
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 19 2022

Office Use Only



100384920951

04/04/22--01014--021 **25.00

FILED
2022 APR -4 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNACIL SHACIL OF PO 111,
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:

Bruce Kelley
Name of Person

SNACIL SHACIL OF PO 111
Firm/Company

2544 7th ST SW
Address

Winter Haven FL 33880
City/State and Zip Code

Kelleyb45@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Kelley at (843) 595-7416
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: SNACK SHACK OF POIR
2. (a) 2544 7TH ST SW WINTER HAVEN (b) →
- Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 2-23-2022 4. L22000095832
- Date of filing/registration in Florida Document number

5. (a) CHRISTOPHER C KELLEY
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
375 W BAY AVE EAGLE 11 FL 33839
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) BRUCE A KELLEY
- Enter name of NEW Registered Agent and/or NEW Registered Office address:

375 W BAY AVE

NEW Registered Office Address:

EAGLE 11 FL 33839

FILED
2022 APR -4 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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.

CHRISTOPHER C KELLEY

Signature of a member or authorized representative of a member

CHRISTOPHER C KELLEY

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.

BRUCE A KELLEY

Signature of Registered Agent