## L22000291992

(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



900410691979

1 1.1 -1.11 ... \*\*. ...

2023 JUN 16 PH 12: 36

1 14 53

AUG - 7 2023

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Sippin Lemon, LLC Name of Corporation	
DOCUMENT NUMBER: L22000291992	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Tauheedah Bryan	
Name of Contact Person	<del></del>
Sippin Lemon, LLC	
Firm/Company	
2101 Pearl Way	
Address	<del></del>
Panama City, Florida 32404	
City/State and Zip Code	
1dbryan09@gmail.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
Tauheedah Bryan	2. (850) \774-5462
Name of Contact Person	at (850 )774-5462 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	-
	the corporation: Sippin Lemon LLC	
	office address: 2101 Pearl Way, Panama City, FL 32404	_
	address (if different):	_
4. Date of incorp	poration/qualification: 06/28/2022 Document number: L22000291992	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	ZENBUSINESS INC.	
	336 E. COLLEGE AVE.SUITE 301	
	TALLAHASSEE, FL 32301	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	7
	Tauheedah Bryan	1
	2101 Pearl Way	الر
	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the street address of the business office of its registered ager l be identical.	at.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Trucker.	dah River Tauheedah Bryan	_
Signati	ure of an officer or director Printed or typed name and title	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performan nd I am familiar with and accept the obligation of mv position as registered agent. Or, if t ing filed merely to reflect a change in the registered office address. I hereby confirm that t s been notified in writing of this change.	ico his he
Λ /	dch Brown 6/13/2023  gnature of Registered Agent Date	_
	ehalf of an entity:	
Tauheedah Brya	ın	
7	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*