

L22000377073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

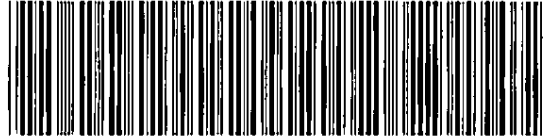
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300414024513

08/28/23--01023--008 **25.00

2023 AUG 28 AM 10:21
FILED
CLERK

08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cloud Den Smok Shoppe 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:

Paul D Shuman

Name of Person

Cloud Den Smok Shoppe LLC

Firm/Company

311 Willow Way

Address

Lynn Haven FL 32444

City/State and Zip Code

clouddensmokshoppe@outlook .com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Shuman

570

807-6527

at ()

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: Clou Den Smok Shoppe LLC

2. (a) Clou Den Smok Shoppe LLC (b) Clou Den Smok Shoppe LLC

Principal office address of limited liability company:

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

3129 Thomas Dr.

Panama City FL 32408

Mailing address of limited liability company:

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

3129 Thomas Dr.

Panama City FL 32408

08/26/2022

L22000377073

3. Date of filing/registration in Florida

4. 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) Paul D Shuman

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

311 Willow Way

NEW Registered Office Address:

Lynn Haven, FL 32444

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.

Paul D. Shuman
Signature of a member or authorized representative of a member

Paul D Shuman

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.

Paul D. Shuman
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00