

L22000403025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

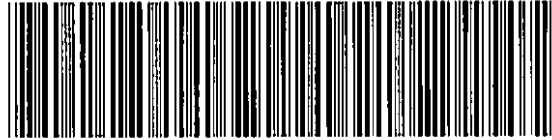
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV -8 AM 9:28

CLERK OF COURT
TALLAHASSEE, FL 32301

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CLERK OF COURT
TALLAHASSEE, FL 32301

A. BUTLER

NOV - 9 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/8/2022

*****WALK IN*****

ENTITY NAME MUM AND BEE LLC

DOCUMENT NUMBER _____

*****PLEASE FILE THE ATTACHED AND RETURN*****

Plain Copy

Certified Copy

Certificate of Status

XXXXXX

*****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

*****APOSTILLE / NOTARIAL CERTIFICATION*****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 55.00

ACCOUNT # I20160000072

W: c J2V

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUM AND BEE 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:

Stephania Fahmi

Name of Person

Altro LLP

Firm/Company

155 University Avenue, Suite 300

Address

Toronto

City/State and Zip Code

sfahmi@altrolaw.com

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

For further information concerning this matter, please call:

Stephania Fahmi

Name of Person

514
at (_____) _____

396 9232

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

Purquant 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: MUM AND BEE LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

10825 RAVEL COURT
Boca Raton, Florida, 33498

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

10825 RAVEL COURT
Boca Raton, Florida, 33498

3. Date of filing/registration in Florida
09/16/2022

4. Document number
L22000403025

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

ROXANNE R FURMAN
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
10825 RAVEL COURT
BOCA RATON, FL 33498

2022 NOV -8 AM 9:28
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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

(b) ROXANNE R FURMAN
Enter name of NEW Registered Agent and/or NEW Registered Office address:

10018 Spanish Isles Blvd. A34, Boca Raton, Florida, 33498
NEW Registered Office Address:
10018 Spanish Isles Blvd. A34
Boca Raton, FL 33498

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.

/s/ Roxanne Furman
Signature of a member or authorized representative of a member

ROXANNE R FURMAN
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.

/s/ Roxanne Furman
Signature of Registered Agent