L2200432589

(F	Requestor's Name)			
A)	Adcress)			
٩)	Address)			
		 -		
(€	City/State/Zip/Phone #i			
PICK-UP	MAIT	MAIL MAIL		
(E	Business Entity Name)			
(5	Document Number)			
rified Copies	Certificates of	Status		
∌eral Instructions to Fi	ling Officer:			
		·		
Office Use Only				



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2022 DEC 29 PM 3: 26
SECRESTATE
TALL ATASSEF, FATE

C 12/29/2022

COVER LETTER

~	istration Section ision of Corporations							
SUBJECT:	Whimsical Florida LLC							
SOBJECT.	Name of Limited Liability Company							
Dear Sir or I	Madam:							
The enclosed	d Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.					
Please return	n all correspondence concerning this n	natter to th	ne following:					
Kayla Parker								
	Name of Person							
Whimiscal Fl	lorida LLC							
	Firm/Company							
2241 North N	Aonroe Street #1380							
	Address							
Tallahassee F	Florida 32303							
	City/State and Zip Code							
whimsicalfl@	gmail.com							
E-mail	address: (to be used for future annual	report no	tification)					
For further i	nformation concerning this matter, ple	ase call:						
Kayla Parker		850 at (524-7704					
	Name of Person	\	Area Code & Daytime Telephone Number					
Reg	iling Address: gistration Section ision of Corporations		Street Address: Registration Section Division of Corporations					
P.O	Box 6327 lahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303					
Enc	losed is a check for the following am	ount:						
s	25 Filing Fee		\$55 Filing Fee & Certified Copy					

1NHS18 (2/14)

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. Na	me of the limited liability company: Whimsical Florid	a LLC				
2. (a)	Whimsical Florida LLC		(b) Whimsical Florida LLC			
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2241 North Monroe Street #1380			2241 North	Monroe Street #1380	
	Tallahassee, FL 32303			Tallahassee,	FL 32303	
	10/6/2022		1	L2200043258	89	
3.	Date of filing/registration in Florida	- 4.	_	Γ	Document number	
5. (a)	Whimsical Florida LLC					
J. (a)	Registered Agent and Registered Office shown on the records of Kayla N Parker	the Flori	da I	Dept. of State:	2022 DEC SECRET	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	4910 NORTH MONROE STREET APT. J205				29	
	Tallahassee 32303				SS TO	
(b)	Whimsical Florida LLC				3: 26	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office :	<u>ıdd</u>	ress:		
	Kayia N Parker					
	NEW Registered Office Address:					
	2241 North Monroe Street #1380		<u>.</u>			
	Tallahassee , FI	32303				
change agent v was/we the arti- Signal I herei provisi the obl to mere	imited liability company is not organized under the large or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the large of a member of a member of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provide all reflect a change in the registered office address, I in writing of this change.	registe ability of the li- limited Ka	erection mit lia	d office and npany, it is ted liability ability comp Parker	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee city. I further agree to comply with the	

Signature of Registered Agent