

L23 000 179 934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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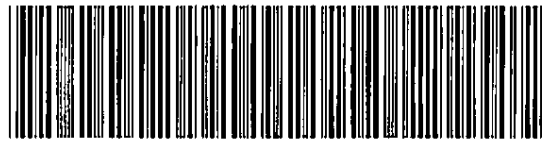
(Business Entity Name)

(Document Number)

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SECRETARY OF THE
TALLAHASSEE

2024 JUL 21 PM 10:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Islandkitchenvybz

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:

Dionne Foster

Name of Person

Islandkitchenvybz

Firm/Company

703 Providence Trace circle, Apt 103

Address

Brandon, FL 33511

City/State and Zip Code

dionnefoster723@gmail.com

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

2024 JUN 21 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Dianne Foster

Name of Person

at (813) 648-6009

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Islandkitchenvybz

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

7901 4th St N STE 300

St. Petersburg FL 33702

Mailing address of limited liability company:

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

703 Providence Trace Circle Apt 102

brandon FL 33511

3. _____ 4. _____

Date of filing/registration in Florida

Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____, FL _____

(b) Registered Agents Inc _____

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

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

2024 JUN 21 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Dianne Foster
Signature of a member or authorized representative of a member

Dianne Foster
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.

David Roberts David Roberts - Assistant Secretary
Signature of Registered Agent