L23000239176

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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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August 29, 2023

CYNTHIA MASON 6310 BAYSHORE ROAD #229 PALMETTO, FL 34221 US

SUBJECT: BOWIE'S GARDEN LLC

Ref. Number: L23000239170

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 923A00020121

Summer Chatham Regulatory Specialist III Director's Office

www.sunbiz.org

COVER LETTER

Division of Corporations	
SUBJECT: Bowies Carden Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Name of Person Bowie's Garden Firm/Company	_
Le310 Bayshore Rd # 229 Address Palmetto, Fr 34221	_
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Cidy Muson at (907) 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

Previously Paid CK# 7133 835.00 7/2003

□ \$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section

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.

	De sieus C de		`		
2. (a)	Principal office address of limited liability of the control of th	company:	Mailing address of lir	nited liability o	company:
	6310 Bayshore	PG## D9	6310 Bar	ishare	Dd #2
	Palmette, FL34	1661	Palmetta	FL	34421
3.	511512083 Date of filing/registration in Flori	da 4.	L 23000 2		<u> </u>
) Registered Agent and Registered Office shown on the	orporation	Agents, I		
	476 Riverside			is of	
	Jacksonville; F	-r 39309		<u>.</u>	
		, FL		3: 	•
(b)	Enter name of NEW Registered Agent and/or NE		<u></u>	42	
	Le 310 Bayshar NEW Registered Office Address:	x 12d + 0%	29_		
	Paloretto, FL	34331			
		, FL			
chang agent was/w	limited liability company is not organized use or changes are made, the Florida street adwill be identical. Or, in the case of a Florid were authorized by an affirmative vote of the ticles of organization or the operating agrees	dress of the registered of a limited liability comp members of the limited	office and the business off any, it is hereby confirmed I liability company or as o	ice of the re d that the ch	gistered nange(s)
Sign	ature of a member or authorized representative of a m	ember	Printed or typed nat	ne of signee	500
I here provis the ob to me	eby accept the appointment as registered ag sions of all statutes relative to the proper an oligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	ent and agree to act in	this capacity. I further as	ree to comp	dy with the

Signature of Registered Agent