

L23000295899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

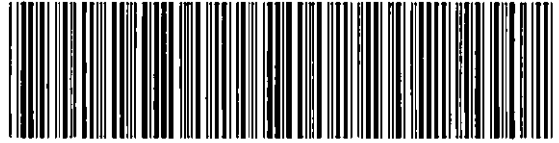
(Business Entity Name)

(Document Number)

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2024 SEP 23 PM 1:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Illuminate Kingdom Consulting 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:

Katerra Shackelford

Name of Person

Illuminate Kingdom Consulting LLC

Firm/Company

3705 Wiggins Leaf Street

Address

Tampa, FL 33619

City/State and Zip Code

katerra.denise@gmail.com

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

For further information concerning this matter, please call:

Katerra Shackelford

Name of Person

at (913) 608 - 6769

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: N/A

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

(already done/ paid)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2024

KATERRA D SHACKELFORD MBA
3705 WIGGINS LEAF STREET
TAMPA, FL 33619

SUBJECT: ILLUMINATE KINGDOM CONSULTING LLC
Ref. Number: L23000295899

We have received your document for ILLUMINATE KINGDOM CONSULTING LLC 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 PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 624A00015866



**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: Illuminate Kingdom Consulting LLC
2. (a) 3705 Wiggins Leaf Street (b) 3705 Wiggins Leaf Street
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Tampa, FL 33619 Tampa, FL 33619

3. 8/29/2024 4. L23000295899
Date of filing/registration in Florida Document number
5. (a) United States Corporation Agents Inc (LegalZoom)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 Riverside Ave. ~~door~~
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Jacksonville, FL 32202
_____, FL _____

- (b) Katerra Shackelford
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
3705 Wiggins Leaf Street
NEW Registered Office Address:
Tampa, FL 33619
_____, FL _____

FILED
2024 SEP 23 PM 1:00
TALLAHASSEE, FLORIDA

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.

Katerra Shackelford
Signature of a member or authorized representative of a member

Katerra Shackelford MBA, PMP
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.

Katerra Shackelford
Signature of Registered Agent