

L23000302488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

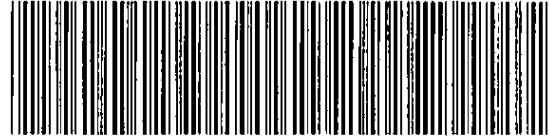
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2023

KIMBERLY M MYGRANT  
1400 ALDEN ST  
DELAND, FL 32720 US

SUBJECT: FLORIDA CORNHOLE TOURNAMENTS LLC  
Ref. Number: L23000302488

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.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 923A00018902

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA CORNHOLE TOURNAMENTS, 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:

KIMBERLY M. MYGRANT  
Name of Person

Firm/Company

1400 ALDEN ST  
Address

DELAND, FL 32720  
City/State and Zip Code

Kimberlyallboys@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Mygrant at ( 386 ) 624-1226  
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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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.*

2. (a) 1400 ALDEN ST (b) 1400 ALDEN ST

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

DELAND, FL 32720

4. L23000302488  
Document number

476 RIVERSIDE AVE.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE, FL 32202

\_\_\_\_\_ , FL \_\_\_\_\_

(b) BENNY A. MYGRANT

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

1400 ALDEN ST

**NEW** Registered Office Address:

DELAND, FL 32720

\_\_\_\_\_, 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.

Kimberly M. Migrant  
Signature of a member or authorized representative of a member

Kimberly Migrant  
Printed or typed name of signee

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.

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**