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| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
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| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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05/15/24--01007--011 **35.00

SEP 19 S. PRATHER



June 26, 2024

PAMELA MCDUFFIE 6838 BREZZY PALM DR RIVERVIEW, FL 33578

SUBJECT: COOKIES KITCHEN L.L.C.

Ref. Number: W24000096228

We have received your document for COOKIES KITCHEN L.L.C. 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 FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

AUG 3 0 2024

Letter Number: 724A00013998

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: COCIES KIACHE Name of Limite | ed 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: | | | | | |
| PAMELA MCDU-LIE Name of Person | | | | | | |
| Firm/Company | | | | | | |
| 6838 Beerzy Palm Da | 2 | | | | | |
| RIVERVIEW FL 33578 City/State and Zip Code | | | | | | |
| Pam. max Hy 70 and Co E-mail address: (to be used for future annual report r | notification) | | | | | |
| For further information concerning this matter, please call | : | | | | | |
| PAMELA MCDUFFIE at 172 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 | | | | | |

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. | Ne | ame of the limited liability company: | hen | |
|---------------------------------|--|--|---|--|
| | | 6838 PREEZY POLON DR FL335786) R. V. | Berezy G | PAIM DR |
| . | (41) | | ailing address of limited lia (Note: MAY BE POST O | |
| | | | | |
| , | | 7/15/2024 L24 Date of filing/registration in Florida 4. | OO 19229 | 3 |
| 3.5. | (a) | The Ical Sines Constant a Accord | ocument number | |
| | | 476 RIVERSING AUE SACKSONILLE, FL 37 Registered Office Address MUST BE FLORIDA STREET ADDRESS! | 202 | 2024 (15%) //LL (13%) |
| | | | | 20 62 0 |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| | | W Registered Office Address: | | |
| | | LIVERVIEW FL 33578 | | |
| ch ag wa th | ange ent v as/we e a gti | limited liability company is not organized under the laws of the State of Flore or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is tree authorized by an affirmative vote of the members of the limited liability iteles of organization or the operating agreement of the limited liability company. | the business office of hereby confirmed that company or as otherw | the registered the change(s) vise provided in |
| 7 | <u>).</u> Signa | ature of a member or authorized representative of a member | Printed or typed name of si | gnee |
| I pr the to | here ovisi e obi mer | by accept the appointment as registered agent and agree to act in this capac ions of all statutes relative to the proper and complete performance of my di ligations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address, I hereby confirm that th | city. I further agree to uties, and I am familia F.S. Or, if this docum ne limited liability com | comply with the r with and accept tent is being filed pany has been |

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

Signature of Registered Agent