

# MI0000001921

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

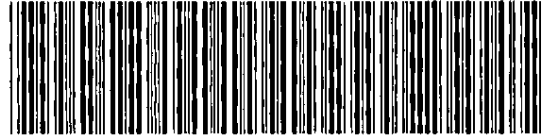
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800396616188

FILED

2022 NOV - 7 AM 8:38

SECRETARY OF  
TALLAHASSEE FL

2022 NOV - 7 PM 3:22

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/7/2022

**\*\*WALK IN\*\***

ENTITY NAME K.L. BREEDEN & SONS LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # 120160000072

*am: c J2V*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2022

SUNSHINE STATE

SUBJECT: K.L. BREEDEN & SONS, LLC  
Ref. Number: M10000001921

CORRECTION  
Please Allow  
Some Time

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

List the name of the current Registered Agent in 5(a)

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 522A00025021

RECEIVED  
2022 NOV -9 PM 12:25  
ALLAHASSEE, FL

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: K.L. BREEDEN & SONS LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
104 W HIGH STREET  
TERRELL, TX 75160

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
TERRELL, TX 75160  
TERRELL, TX 75160

04.26.2010

M10000001921

3. Date of filing/registration in Florida

4. Document number

5. (a) CT CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Incorporating Services, Ltd.

NEW Registered Office Address:

1540 Glenway Drive

Tallahassee, FL 32301

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.

Signature of a member or authorized representative of a member

James Wynne Breeden

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.

Signature of Registered Agent

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

FILED  
2022 NOV - 7 AM 8:38  
SECTION 607.01, F.S.  
TALLAHASSEE, FL