

P1300003464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

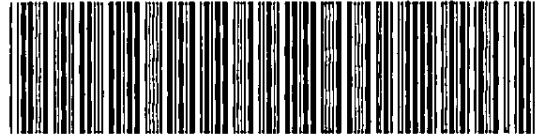
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

08/10/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sister Wives Inc  
Name of Corporation

**DOCUMENT NUMBER:** P13000013464

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon Llewellyn

Name of Contact Person

Sister Wives Inc

Firm/Company

3561 Pinehurst Ave. apt 435

Address

Winter Park, FL 32789

City/State and Zip Code

llewey57@gmail.com

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

For further information concerning this matter, please call:

Brandon Llewellyn

Name of Contact Person

at (407)

474-0723

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sister Wives Inc
2. The principal office address: 1913 N Orange Ave, Orlando, FL 32804
3. The mailing address (if different): PO Box 547936, Orlando, FL 32854
4. Date of incorporation/qualification: March 2013 Document number: P13000013464
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Patrick Razo

PO Box 547936

Orlando, FL 32854

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brandon Llewellyn

3561 Pinehurst Ave, Apt 435

P.O. Box NOT acceptable

Winter Park, FL 32789

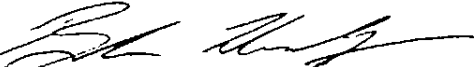
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X   
Signature of an officer or director

X Brandon Llewellyn  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

X   
Signature of Registered Agent

X 8/5/20  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS