

P13000095020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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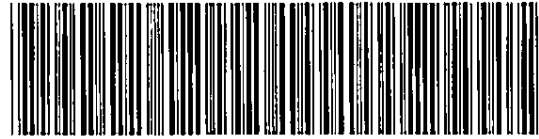
(Business Entity Name)

(Document Number)

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2020 MAY -4 PM 5:04

STATE OF MICHIGAN  
DEPARTMENT OF TREASURY  
REGISTRATION DIVISION

05/04/20--01014--023 \*\*35.00

Call  
5/21/20

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Luanne Kelly Interiors, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P13000095020

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:

Luanne Kelly  
Name of Contact Person

Luanne Kelly Interiors  
Firm/Company

58 Turtle Court  
Address

Santa Rosa Beach, FL 32459  
City/State and Zip Code

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

For further information concerning this matter, please call:

Luanne Kelly at ( 850 ) 520 0128  
Name of Contact Person 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Luanne Kelly Interiors, Inc

2. The principal office address: 58 Turtle Court  
Santa Rosa Beach, FL 32459

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/22/13 Document number: P13000095020

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)

Brad Congleton CPA, Inc  
2050 W. Highway 30 A Ste 214  
Santa Rosa Beach, FL 32459

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

Nancy Luanne Kelly  
58 Turtle Court  
P.O. Box NOT acceptable  
Santa Rosa Beach, FL 32459

2020 MAY -4 PM 5:04  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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.

N. Luanne Kelly  
Signature of an officer or director

N. Luanne Kelly  
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.*

N. Luanne Kelly  
Signature of Registered Agent

4/30/20  
Date

If signing on behalf of an entity:

N. Luanne Kelly  
Typed or Printed Name

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