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(Re	questor's Name)						
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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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TALLAMASSEE, FLORID

MAY 2 6 2015 T CANNON

COVER LETTER

TO:	Registration Section Division of Corporations						
SHBJI	E & A JOHNS, LLC						
5000	SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the following:					
SHEL	LBY L. BEST						
	Name of Person						
HALI	FAX LAW GROUP						
,	Firm/Company						
444 5	SEABREEZE BLVD. SUITE 910						
	Address						
DAY	TONA BEACH, FL 32118						
	City/State and Zip Code						
ESEF	RVICES@HALIFAXLAWGROUP.	COM					
E	E-mail address: (to be used for future ann	nual report notification)					
For fu	rther information concerning this matter	, please call:					
SHEL	BY L. BEST	386 492-4880					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following	g amount:					
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHST	8 (2/14)						

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. N:	ame of the limited liability company: E & A JOHNS	, LLC	,				
2. (a)	828 N. DIXIE FREEWAY		(b) {	328 N. [DIXIE FREEWAY		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	(0)_	1	Mailing address of limited liabili (Note: MAY BE POST OFF)		
	NEW SMYRNA BEACH, FL 32168	_	_	IEW SI	MYRNA BEACH, FL 32	2168	<u>_</u>
	2/20/2014		L'	1400002	29151	-	
3.	Date of filing/registration in Florida	4.			Document number		
5 (a)	E. MARTIN JOHNS				_		
()	Registered Agent and Registered Office shown on the records of the	ne Flori	da D	ept of State	- e:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 105 HOLLOW OAK TRAIL							77.0
	EDGEWATER	3214	1		_	2 HA	ECS ECS
(b)					-	HAY 19	FIL HASSE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	iddro	<u>:ss</u> .		H	
						ሳ፡ ዐڼ	STA LOR
	NEW Registered Office Address:	·			_	£.	D.H.
	444 SEABREEZE BLVD., SUITE 910				_		
	DAYTONA BEACH , FL	32118	8		_		
the chagent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liability of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in whiling of this change. Division of Corporations • P.O. B	the reg bility of the li imited E. ee to a perfori for in ereby	giste com imited lia MA Mact ir man i Ch con	red office pany, it i ed liabilit bility con ARTIN J a this cap ce of my apter 603 firm that	e and the business office of shereby confirmed that they company or as otherwise mpany. JOHNS, MGR Printed or typed name of signeracity. I further agree to conductes, and I am familiar with the limited liability compa	f the regel change provide	gistered ge(s) led in
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				-		

INIIS18 (2/14)

HALIFAX LAW GROUP

A Private Law Firm

Telephone: (386) 492-4880 Facsimile: (386) 492-6051

444 SEABREEZE BOULEVARD, SUITE 910 DAYTONA BEACH, FL 32118

office@halifaxlawgroup.com www.halifaxlawgroup.com

Send all correspondence to: POST OFFICE BOX 9357 DAYTONA BEACH, FL 32120-9357

May 13, 2015

ORIGINAL VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Case Name:

E & A Johns, LLC

Matter No. :

8101.0001

Dear Sir or Madam:

Enclosed please find the following:

- 1. Cover letter to Registration Section of Division of Corporations, enclosing Registered Agent or Registered Office Change for filing.
- 2. Statement of Change of Registered Agent for E & A Johns, LLC.
- 3. Check no. 7550, made payable to Division of Corporations, in the amount of \$25.00 for filing fee for change of Registered Agent.

Please let me know if I may be of further assistance.

Sincerely,

Amanda Foster

Legal Assistant to Bethany L. Schonsheck

Cimarda Josta

Enclosures

cc: E. Martin Johns