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	augstore Name)	<u> </u>		
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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R. WHITE

COVER LETTER

Division of Corporations	· •				
Jake's Place, LLC					
SUBJECT:	BJECT: Name of Limited 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:				
Brian S Webster					
Name of Person					
Firm/Company					
945 Square Lake Drive					
Address					
Bartow FL 33830					
City/State and Zip Code	2				
Fayde1968@yahoo.com					
E-mail address: (to be used for future a	nnual report notification)				
For further information concerning this matt	ter, please call:				
Brian S Webster	863 232-6200				
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 followi	ng amount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

	ame of the limited liability company: Jake's Place 945 Square Lake Drive	· · · · · ·	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Bartow FL 33830		
	04/22/2002	L020	000009511
3.	Date of filing/registration in Florida	4,	Document number
5. (a	W & P SERVICES, INC.		
J. (c.	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	143 Killarney Drive		
	Registered Office Address - IMUST BE FLORIDA STREET	ET ADDRESS)	2019 SECS TAL
	Winter Park	FL_32789	ZOLIS JAN 28 SECSE: TALLASIA
(b)	Brian S Webster		
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	AND SE CO
	945 Square Lake Drive		. I.⊕
	NEW Registered Office Address:		
	Bartow	22020	
		FL_33830	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ore authorized by an affirmative vote of the member icles of organization or the operating agreement of the control of the contro	s of the registered I liability compar rs of the limited I the limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sign:	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me	by accept the appointment as registered agent and sions of all statutes relative to the proper and completions of my position as registered agent as proved by reflect a change in the registered office address of in writing of this change	agree to act in the ele performance ided for in Chapt . I hereby confiri	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filea on that the limited liability company has been
Signati	ure of Registered Agent		

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