

LO4 000060246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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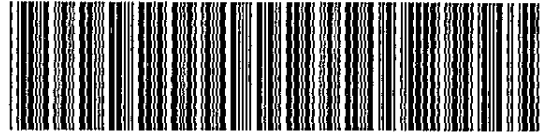
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JoAnn Hoffman, LLC
(Name of corporation)

DOCUMENT NUMBER: L04000060246

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:

JoAnn Hoffman
(Name of contact person)

JoAnn Hoffman, LLC
(Firm/Company)

13833 Wellington Trace, E4 #142
(Address)

Wellington, FL 33414
(City/state and zip code)

For further information concerning this matter, please call:

JoAnn Hoffman at (561) 317-5233
(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
409 E. Gaines Street
Tallahassee, FL 32399

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STATE OF FLORIDA
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 19, 2005

JOANN HOFFMAN
13833 WELLINGTON TRACE E4 #142
WELLINGTON, FL 33414

SUBJECT: JO ANN HOFFMAN LLC
Ref. Number: L04000060246

We have received your document for JO ANN HOFFMAN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 905A00052882

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FLORIDA

05 OCT 19 AM 9:42

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Jo Ann Hoffman, LLC
2. The mailing address of the limited liability company is: 13833 Wellington Trace, E4 #142, Wellington, FL 33414
3. Date of filing/registration in Florida: 8-13-04
4. Document number: L04000060246

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporate Creations Network Inc.
Name
11380 Prosperity Farms Road, #2215
Address
Palm Beach Gardens, FL 33410
City, State and Zip

6. The name and address of the new registered agent and/or office:

Paul Hoffman
Name
13833 Wellington Trace, E4, #142
Florida street address (P.O. Box NOT acceptable)
Wellington FL 33414
City, State and Zip

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TALLAHASSEE
FLORIDA
STATE

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.

Jo Ann Hoffman
(Signature of a member or authorized representative of a member)

Jo Ann Hoffman
(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 608, 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.

Jo Ann Hoffman
(Signature of Registered Agent)

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