L04000065133

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000255151150

01/02/14--01004--007 **25.00



ZOI3 DEC 31 PH 3: 30

JAN 1 6 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section **Division of Corporations**

MoJo's Backyard LLC

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:

Dawn K Jones

Name of Person

MoJo's Backyard LLC

Firm/Company

1317 Ridge Road

Monticello FL 32344

City/State and Zip Code

dawn@mojosbackyard.com

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

For further information concerning this matter, please call:

Dawn Jones/Megan Mays at (850

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 amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

5	
1. Name of the limited liability company: MoJo's Backyard , L	LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	Tallahassee Ft. 32308
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Dawn Jones 1317 Ridge Rd Monticello, FL 32344 Dawn Jones 1317 Ridge Rd 1 Atl A MASSE 32-312
2004	-G01315000133 L04000065133
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Dawn K Jones
Decistant Office Address	
Registered Office Address:	427 BEAVER LAKE RD
	TALLAHASSEE, FL 32312
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NEW MAILING ADDRESS: TO TO THE STATE OF THE
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited
Signature of a member or authorized representative of a member	_
Printed or typed name of signee	
	agree to get in this eargeits. I further agree to
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F,S Or, if this document is being filed to m address, I hereby confirm that the limited liability company	agree to det in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in terely reflect a change in the registered office my has been notified in writing of this change.

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

Signature of Registered Agent