

L06000080331

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR 28 2011

EXAMINER

**BRANNON, BROWN, HALEY & BULLOCK, P.A.**

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CLARENCE E. BROWN  
1911-1997

April 19, 2011

Division of Corporations  
Florida Secretary of State  
P O Box 6327  
Tallahassee, FL 32314

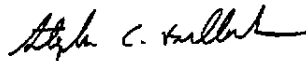
Re: Change of Registered Office Address  
Five J Products LLC

Gentlemen:

On behalf of our client, Five J Products, LLC, enclosed for filing please find Statement of Change of Registered Office, together with our firm check in the amount of \$25.00 to cover the filing fees therefor.

Thank you and should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,



Signed electronically to avoid delay.

Stephen C. Bullock  
For the Firm

SCB\ldw

cc: Five J Products, LLC

encl

**FILED**  
**11 APR 27 PM 1:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Five J Products 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:

Stephen C. Bullock

Name of Person

Five J Products LLC

Firm/Company

14502 176th Street

Address

McAlpin, FL 32062

City/State and Zip Code

scb@bbattorneys.com

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

For further information concerning this matter, please call:

Stephen C. Bullock

Name of Person

at ( 386 )

752-3213

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
**11 APR 27 PM 1:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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. Name of the limited liability company: Five J Products LLC

2. (a) Principal office address of limited liability company: 116 NW Columbia Avenue

(Note: **MUST BE STREET ADDRESS**)

Lake City, FL 32055

(b) Mailing address of limited liability company:

116 NW Columbia Avenue

(Note: **MAY BE POST OFFICE BOX**)

Lake City, FL 32055

08/14/2006

3. Date of filing/registration in Florida

4. Document number

L0600008035

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Stephen C. Bullock

Registered Office Address:

116 NW Columbia Avenue  
Lake City, FL 32055

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

14502 176th Street

McAlpin, FL 320~62

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.

Stephen C. Bullock  
Signature of a member or authorized representative of a member

Stephen C. Bullock

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.*

Signature of Registered Agent

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

FILING FEE: \$25.00