

LO7000029294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

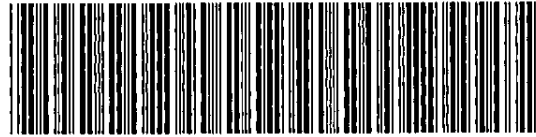
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN - 1 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2012

WALTER JOHNSTON
PO BOX 1328
LARGO, FL 33779

SUBJECT: JEWELRY MANAGEMENT SERVICES LLC
Ref. Number: L07000029294

We have received your document for JEWELRY MANAGEMENT SERVICES 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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 512A0001495

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jewelry Management Services 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:

WALTER JOHNSON

Name of Person

JMS LLC

Firm/Company

PO Box 1328

Address

Largo FL 33779

City/State and Zip Code

jewelrymanagement@yahoo.com

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

For further information concerning this matter, please call:

WALTER JOHNSON

Name of Person

at (727) 482-7369

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

*Already Sent pymt
see Attached*

FILED

2012 MAY 31 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

43.00

37.63

2800

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: Jewelry Management Services LLC
2. (a) Principal office address of limited liability company: Jewelry Management Services

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

2012 SE Port St Lucie Blvd
PORT ST LUCIE FL 34952

- (b) Mailing address of limited liability company:

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

JMS LLC

PO Box 1328
Large FL 33779

04/01/2007

407000029294

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

WALTER JOHNSTON

Registered Office Address:

3790 TYRONE BLVD SUITE D
ST PETERSBURG FL 33710

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

NEW Registered Agent:

WALTER JOHNSTON

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2012 SE Port St Lucie Blvd

PORT ST LUCIE FL 34952

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.

Walt Johnston 5/25/12

Signature of a member or authorized representative of a member

WALTER L JOHNSTON

Printed or typed name of signee

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.

Walt Johnston 5/25/12

Signature of Registered Agent

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

FILING FEE: \$25.00