

(Requestor's Name)								
(Address)								
(Address)								
(City/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



100269337871

02/11/15--01012--018 \*\*25.00

FEB 11 PR 4:12

FEB 16 2015

R. WHITE

## **COVER LETTER**

TO:

Registration Section

Divi	sion of Corporations							
SUBJECT:	CLAY JORDAN & MIGNON JORDAN EDWARDS LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.					
Please return	n all correspondence concerning th	is matter to the	following:					
C. Clay Jo	ordan							
	Name of Person							
Clay Jorda	an & Mignon Jordan Edwards	LLC						
<del></del>	Firm/Company		<del>_</del>					
16520 U.	S. Highway 301							
	Address							
Dade City	, Florida 33523							
	City/State and Zip Code		<del></del>					
cc.jordan@	@embarqmail.com							
E-mail	address: (to be used for future ann	ual report notif	ication)					
For further in	nformation concerning this matter,	please call:						
Alice I. Jor	rdan	352	567-2210					
	Name of Person	(	Area Code & Daytime Telephone Numbe					
Regi Divi: Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Re Di P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:								
<b>2</b> \$2	25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy					
INHS18 (2/14	)							

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Clay Jordan &	Migno	n Jordan	Edwards LLC		
2. (				)			
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liab (Note: MAY BE POST OF		• -
		16520 U. S. Highway 301		16520		TICLI	<u>607</u> )
			16520 U. S. Highway 301				
		Dade City, Fl. 33523	Dade City, Fl. 33523				
		06/28/2007		L0700006	68360		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Fowler White Boggs Banker P.A.					
<i>J</i> .	(α)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	– e:		
		c/o Hunter J. Brownlee					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
	501 E. Kennedy Blvd., Suite 1700						
		Tampa	33602		<b></b>		
	•	, FL			_		
(	b)	C. Clay Jordan				ज	
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			e Σπο	<del></del> }	, .
						 83	 
		C. Clay Jordan			- (-) 		
		NEW Registered Office Address:			<b></b>	773	O
		16520 U.S. Highway 301					
		Dade City , FL	33523		_		. * *
the ager was the	chai it w /we artic	mited liability company is not organized under the law- nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized, by an affirmative vote of the members of cless of organization or the operating agreement of the I	the regis bility co the limited li	stered office impany, it is ited liability	e and the business office s hereby confirmed that a y company or as otherwinpany.	of the the cha	registered ange(s)
Si	gnati	ure of a member or authorized representative of a member	<del></del>		Printed or typed name of sig	nee	
prov the d to m noti	visid obli nere fied	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act performa for in C ereby co	in this cape ince of my c 'hapter 605 infirm that i	acity. I further agree to duties, and I am familiar 5, F.S. Or, if this docume the limited liability comp	compl with is ent is b cany h	ly with the and accept being filed as been