

BL85 0000807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jackson Wealth Management, 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:

George P. Jackson  
Name of Person

Jackson Wealth Management, LLC  
Firm/Company

755 Primera Blvd, Suite 1001  
Address

Lake Mary, FL 32746  
City/State and Zip Code

george@jacksonretirement.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George P. Jackson at ( 407 ) 585-0235  
Name of Person 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

June 6, 2012

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

To Registration Section,

Please refund the \$10.00 overpayment you received for the address change for the Registered Agent of Jackson Wealth Management, LLC.

Please issue the refund to:

Jackson Wealth Management, LLC

Please mail to:

755 Primera Blvd, Ste 1001, Lake Mary, FL 32746

Thank you

George P. Jackson





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 JUN 12 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 30, 2012

GEORGE P JACKSON  
755 PRIMERA BLVD  
STE 1001  
LAKE MARY, FL 32746

SUBJECT: JACKSON WEALTH MANAGEMENT, LLC  
Ref. Number: L08000054878

We have received your document for JACKSON WEALTH MANAGEMENT, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 212A00015524

**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: Jackson Wealth Management, LLC

2. (a) Principal office address of limited liability company: 755 Primera Blvd, Suite 1001

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

Lake Mary, FL 32746

(b) Mailing address of limited liability company: 755 Primera Blvd, Suite 1001

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

Lake Mary, FL 32746

6/3/2008

L08000054878

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: George P. Jackson

Registered Office Address: 1515 International Parkway, Suite 1013  
Heathrow, Florida 32746

(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)**

755 Primera Blvd., Ste 1001

Lake Mary, FL 32746

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.

Signature of a member or authorized representative of a member

George P. Jackson

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.*

Signature of Registered Agent

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

FILING FEE: \$25.00