Division of Corporations Electronic Filing Cover Sheet

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(((H18000237608 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : I20120000007 Phone : (702)866-2500

: (702)866-2689 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC REGISTERED AGENT CHANGE JTOMIK INVESTMENT PLANNING GROUP, LLC

Certificate of Status	0
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K. SALY

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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	JTOMIK I	NVESTMENT PLANNING GROUP, LLC		
0000	Name of Limited Liability Company			
Dear S	ir or Madam:			
The on	closed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please	return all correspondence concernit	ng this matter to the following:		
	Courtney Thomas			
	Name of Person			
	InCorp Services, In	<u>c.                                    </u>		
	Firm/Company			
_	3773 Howard Hughes Pkwy.	Suite 500s		
	Address			
	Las Vegas, NV 89169-	<del>_</del>		
	City/State and Zip Co	de		
	-mail address: (to be used for futur	annual report notification)		
For fu	ther information concerning this m	atter, please call:		
Cou	rtnay Thomas	at () 7028862500		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS	: MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
•	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
	Enclosed is a check for the folio	wing amount:		
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHSI	B (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.

(a)	0454 Latin Conserve Debug God Floor		PLANNIN	e Osprey Drive, 3rd Floor
	6151 Lake Osprey Drive, 3rd Floor	(b)		falling address of limited Hability company:
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		n	(New: MAY BE POST OFFICE BOX)
	Seresote, FL 34240	<u> </u>	Sarasota	, FL 34240
	08/04/2008		0800005	5384
	Date of filing/registration in Florida	4.		Document number
( <b>a</b> )	CORPORATION SERVICE COMPANY			
(-/	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	::
	1201 Hays Street			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		ALLA
	Tallahassee, F	32	301	HASSE
	InCorp Services, Inc.			लिंदी 💆
(b)	Enter come of NEW Registered Agent and/or NEW Registere	d Office add	7535	SSEE, FLORIC
	17888 67th Court North		••	
	NEW Registered Office Address:			
	Loxabatches		 3470	•
cha ent v	Loxabatches  Loxabatches  imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization of the operating agreement of the	aws of the of the registiability co	State of Flo tered office impany, it is	s hereby confirmed that the change(s) y company or as otherwise provided in
cha ent v s/we arti	imited liability company is not organized under the lings or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited one authorized by an affirmative vote of the members icles of organization of the operating agreement of the Mall Adda	aws of the of the regis liability co of the lim e limited l	State of Flo tered office impany, it is	s hereby confirmed that the change(s) y company or as otherwise provided in apany.
e cha ent v s/we arti signa here ovisi r obl	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization of the operating agreement of the fure of a member or authorized representative of a member by accept the appointment as registered agent and on one of all statutes relative to the proper and completing ations of my position as registered agent as provided y reflects a change in the registered office address.	aws of the registiability co of the limited li	State of Floring State	s hereby confirmed that the change(s) y company or as otherwise provided in npany.  Ik  Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and accept S. F. C. If this document is being file.
cha ent v s/we arti erre ovisi r ool	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization of the operating agreement of the force of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete	www of the regis liability co of the lim e limited language to act e perform in (e hereby co	State of Florence	s hereby confirmed that the change(s) y company or as otherwise provided in npany.  Ik  Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and accept S. F. C. If this document is being file.

FILING FEE: 525.00