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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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COVER LETTER

Division of Corporations	
TJJD Holdings, LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Todd Gates	
Name of Person	
TJJD Holdings, LLC	
Firm/Company	
27599 Riverview Center Blvd., Ste 205	
Address	
Bonita Springs, Florida 34134	
City/State and Zip Code	
tgates@gatesinc.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Todd Gates	239 593-3777
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
□r\$25 Filing Fee	S55 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.	Name of the limited liability company: TJJD Holdings, I	LLC			
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of	Timited liability company:
	27599 Riverview Center Blvd., Ste 205		27599 Rive	rview Center Bl	lvd., Ste 205
	Bonita Springs, FL 34134	_ _	Bonita Spri	ings, FL 34134	
	11/25/2009		L090001134	92	
3.	Date of filing/registration in Florida	4.		Document nun	nber
5. (a)				
(Registered Agent and Registered Office shown on the records of Todd E. Gates	f the Flor	ida Dept, of State	<u>.</u>	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u></u>		
	27599 Riverview Center Blvd., Ste 205				
	Bonita Springs	34134			
	Bonita Springs , F	L			
(t					
()	Enter name of NEW Registered Agent and/or NEW Registered			ı	
	Yarnell & Peterson, P.A.				ان الله الله الله الله الله الله الله ال
	NEW Registered Office Address:				112
	3431 Pine Ridge Rd. Suite 101			,	PHI2: LL
	Naples	, 34109	ı		22
		L			
chan agen was/	e limited liability company is not organized under the la ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	e registe iability of the l	ered office and company, it is imited liability d liability com	the business of hereby confirm or a pany.	office of the registered med that the change(s)
Sig	nature of a member of authorized representative of a member	_		Printed or typed t	name of signee
I he prove the or notif	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I led in writing of this change	ree to a e perfor ed for ir hereby	act in this capa mance of my d 1 Chapter 605, confirm that to	city. I further	agree to comply with the