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| (Req | uestor's Name) | |
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| (Add | ress) | |
| (Add | ress) | <u></u> |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number) | <u> </u> |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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T. HAMPTONI JAN 18 2011 EXAMINER

COVER LETTER

| Division of Corporations | |
|---|---|
| | |
| SUBJECT: | J7, LLC |
| Name of Limit | ed Liability Company |
| Door Sir or Modom | |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | e Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| | |
| | |
| Neal Johnson | |
| Name of Person | |
| | |
| J7, LLC | |
| Firm/Company | |
| | |
| 2181 Vardin PL | |
| Address | |
| | |
| Naples,FL 34120 | |
| City/State and Zip Code | |
| | |
| i7llc@yahoo.com E-mail address: (to be used for future annual report notifica | tion) |
| a man address. (to be used to raide annual report normal | anon) |
| For further information concerning this matter, pl | ease call: |
| | |
| Neal Johnson at (| 239) 404-1973 |
| 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 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the following an | nount: |
| \$25 Filing Fee | |
| \$23 Filing Fee | \$55 Filing Fee & Certified Copy |

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.

| Name of the limited liability company: | J7, LLC | |
|---|--|--|
| 2. (a) Principal office address of limited liability company | y: 2181 Vardin PL | |
| (Note: MUST BE STREET ADDRESS) | Naples, FL 34120 | |
| (b) Mailing address of limited liability company: | 2181 Vardin PL | |
| (Note: MAY BE POST OFFICE BOX) | Naples, FL. 34120 | |
| March 12, 2010 | L10000027518 | |
| 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: | Neal L Johnson | |
| Registered Office Address: | 2181 Vardin PL Naples, FL. 34120 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Sara J Johnson - Vice President NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | |
| | Naples ,FL34120 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Neal L Johnson | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of SECRETARY OF COR | |
| Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to be been and complete performance of my dules, still in as registered agent as provided for in property reflect a change in the registered office 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