## 

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
1
Special Instructions to Filing Officer:





04/27/18--01012--022 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations								
JW Johnson Law Group of Flor	JW Johnson Law Group of Florida 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:								
Jeffrey W. Johnson								
Name of Person	<del></del>							
Johnson Law Group								
Firm/Company								
370 West Camino Gardens Blvd., Suite 402								
Address								
Boca Raton, FL 33432								
City/State and Zip Code								
jwj@j2law.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Christina M. Sachuk	561 994-9433							
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							
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: JW Johnson La	aw G	ro	up of Flo	rida LLC
2	(a)	370 West Camino Gardens Blvd.		(b) 370 West Camino Gardens Blvd.		
۷.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- (	υ,	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Suite 402			Suite 40	2
		Boca Raton, FL 33432	-		Boca Ra	ton, FL 33432
		04/16/2018		L	.1000002	28644
3.		Date of filing/registration in Florida	4.	_		Document number
5	(a)	Jeffrey W. Johnson				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						:
		1900 NW Corporate Blvd.				7
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2018 3EC
	Suite 450 West					AHASS
		Boca Raton ,FL3	3431	)		R 27
	(b)	Jeffrey W. Johnson				R 27 MI2: 4
	` ,	Enter name of NEW Registered Agent and/or NEW Registered Q	Office ac	dd	ress:	
		370 West Camino Gardens Blvd.				5 E
		NEW Registered Office Address:				
		Suite 402				
		Boca Raton , FL 3	33432	2		
the ag	e cha ent v	imited liability company is not organized under the laws nge or changed are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility c	ist or	ered office npany, it is	and the business office of the registered hereby confirmed that the change(s)
			Je	ffr	ey W. Jo	
I. pr the to no	herei ovisi e obl mere tified	ture of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations 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 ac erforn for in ereby c	et i na Ci coi	in this capa nce of my a hapter 605 nfirm that i	Printed or typed name of signee neity. I further agree to comply with the htties, and I am Jamiliar with and accept, F.S. Or, if this document is being filed the limited liability company has been
		Division of Corporations • P.O. Bo	ox 632	7	Tallahas	see, FL 32314

**FILING FEE: \$25.00**