

# L10000100874

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

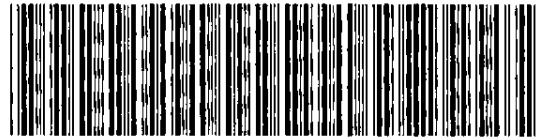
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2017 APR 14 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR 18 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2017 APR 14 PM 3:16

March 24, 2017

MJ'S COUNTRY CAFE, LLC  
JANA WINTER  
1217 SE 7TH ST.  
OCALA, FL 34471

SUBJECT: MJ'S COUNTRY CAFE, LLC  
Ref. Number: L10000100874

We have received your document for MJ'S COUNTRY CAFE, 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 LLC. Please complete and return the enclosed blank form(s).

Please return 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 617A00005701

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MJ's COUNTRY CAFE  
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:

JANA WINTER

Name of Person

MJ's Country Cafe

Firm/Company

1217 SE 7th Street

Address

Ocala, FL 31471

City/State and Zip Code

mjscountrycafe@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jana Winter

Name of Person

at ( 352 ) 817-7998

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

**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: MJ'S COUNTRY CAFE
2. (a) MICHAEL WINTER Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
11130 NW 17 COURT ROAD  
OCALA, FL 34475
- (b) MICHAEL WINTER Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
113 BLUE STONE CIRCLE  
WINTER GARDEN, FL 34787

3. 9/27/2010 Date of filing/registration in Florida
4. L10000100874 Document number

5. (a) MICHAEL A. WINTER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

113 BLUE STONE CIRCLE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
113 BLUE STONE CIRCLE  
WINTER GARDEN, FL 34787

- (b) JANA WINTER  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**.

**NEW Registered Office Address:**

1217 SE 7TH STREET  
OCALA, FL 34471

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]  
Signature of a member or authorized representative of a member

MICHAEL WINTER  
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 605, 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]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

**FILED**  
2017 APR 14 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA