

L10000114441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400265499454

10/27/14--01012--008 \*\*25.00

SECRETARIAT  
TALLAHASSEE, FLORIDA

14 OCT 27 PM 12:02

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J & C Legacy Investments, L.L.C. Document No L10000114441  
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:

James F Stone

Name of Person

J & C Legacy Investments L.L.C.

Firm/Company

7904 SW Marin Drive

Address

Stuart, FL 34997

City/State and Zip Code

stonelegacy@me.com

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

For further information concerning this matter, please call:

James F Stone

at ( 772 ) 349-1946

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

FILED  
14 OCT 27 PM 12:02  
SECRETARY  
TALLAHASSEE

**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: J & C Legacy Investments, L.L.C.

2. (a) 7904 SW Marin Drive, Stuart, FL 34997 (b) 7904 SW Marin Drive, Stuart, FL 34997

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

01/05/2012

L10000114441

3. Date of filing/registration in Florida

4. Document number

5. (a) James F Stone

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3380 S.E. Diamond Hill Terrace, Hobe Sound, FL 33455

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

3380 S.E. Diamond Hill Terrace,

Hobe Sound, FL 33455

(b) James F Stone

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

James F Stone

**NEW** Registered Office Address:

7904 SW Marin Drive

Stuart, FL 34997

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.

James F Stone  
Signature of a member or authorized representative of a member

James F Stone

Printed or typed name of signer

*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.*

James F Stone  
Signature of Registered Agent

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

FILED  
14 OCT 24 PM 12:02  
SECRETARY  
TALLAHASSEE