

L11 000036107

(Requestor's Name)

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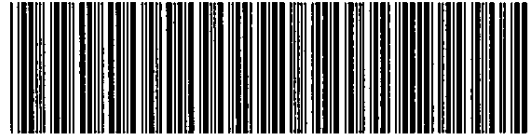
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2013 JUL 25 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 26 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2013

JODI CEMES
JODI CEMES CPA PLLC
6727 ORCHARD DR N
ST PETERSBURG, FL 33702

SUBJECT: JODI CEMES, CPA, PLLC
Ref. Number: L11000036107

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JODI CEMES, CPA, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Sean Toner
Senior Section Administrator

Letter Number: 313A00016917

RECEIVED
13 JUL 24 AM 10:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jodi Chemes CPA PLLC
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:

Jodi Chemes
Name of Person

Jodi Chemes CPA PLLC
Firm/Company

6727 Orchard Dr N
Address

St Petersburg, FL 33702
City/State and Zip Code

jodi@jodichemescpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Chemes at (727) 2376223
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

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TALLAHASSEE, FLORIDA

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.

1. Name of the limited liability company: Jodi Chemes CPA PLLC

2. (a) Principal office address of limited liability company: 6727 Orchard Dr N
(Note: **MUST BE STREET ADDRESS**) St Petersburg, FL 33702

(b) Mailing address of limited liability company: Same as above
(Note: **MAY BE POST OFFICE BOX**)

3/25/11
3. Date of filing/registration in Florida

L11000036
4. Document number

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

Registered Agent:

Jodi Chemes

Registered Office Address:

US Corporation Agents
1362 Winding Cove
Tampa, FL 33612

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

NEW Registered Agent:

Jodi Chemes

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

6727 Orchard Dr N

St Petersburg, FL 33702

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.

Jodi Chemes
Signature of a member or authorized representative of a member

Jodi Chemes
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 608, 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.

Jodi Chemes
Signature of Registered Agent

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