

L11000044127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

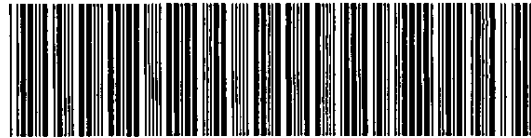
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 19 2017

WOLZCORPORATEUSA

36 SOUTH 18TH AVENUE, SUITE D, BRIGHTON, CO 80601

WWW.WOLZCORPORATE.COM

T: 303.655.9659

F: 303.942.7322

MIKE@WOLZCORPORATE.COM

September 5, 2017

Via USPS

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: Change of Agent

To whom it may concern:

Please file the enclosed 1 Change of Agent document(s).

Upon completion, please email or mail evidence to me at the address above.

Please let me know if you have any questions.

Best regards,

Mike Mirrione
mike@wolzcorporate.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & A SELLERS, 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:

Wolz Corporate USA, Inc. (C. Jackson)

Name of Person

Wolz Corporate USA

Firm/Company

36 S. 18th Ave, Suite D

Address

Brighton, CO 80601

City/State and Zip Code

Compliance@goldratner.com

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

For further information concerning this matter, please call:

Char Jackson

Name of Person

at (303) 665.9659

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: J & A SELLERS, LLC

2. (a) SARASOTA COMMERCE CENTER (b) _____

Principal office address of limited liability company:

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

7345 16TH ST E, STE 101

SARASOTA, FL 34243-6808

Mailing address of limited liability company:

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

7345 16TH ST E, STE 101

SARASOTA, FL 34243-6808

04/13/2011

L11000044127

3. Date of filing/registration in Florida

4. Document number

5. (a) NRAI SERVICES, INC

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

1200 South Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) Universal Registered Agents, Inc.

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

3458 Lakeshore Drive

NEW Registered Office Address:

Tallahassee, FL 32312

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.

Julie A. Gracz
Signature of a member or authorized representative of a member

Julie A. Gracz

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.

Michael Mirrione
Signature of Registered Agent Michael Mirrione, Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
17 SEP 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA