

L11000049721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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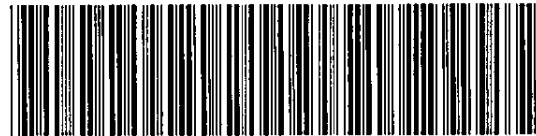
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
279 FEB 27 PM 3:04

FEB 28 2012

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jim H Wilson 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:

Jim Wilson

Name of Person

Jim Wilson LLC

Firm/Company

3265 US Hwy 1

Address

Mims, Florida 32754

City/State and Zip Code

firststeelcraft@yahoo.com

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

For further information concerning this matter, please call:

Jim Wilson

Name of Person

at (352) 516-4887

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

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA
2019 FEB 27 PM 3:04

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: Jim H Wilson LLC

2. (a) Principal office address of limited liability company: 3265 US Hwy 1
(Note: **MUST BE STREET ADDRESS**) Mims, Florida 32754

(b) Mailing address of limited liability company: 3265 US Hwy 1
(Note: **MAY BE POST OFFICE BOX**) Mims, Florida 32754

3. Date of filing/registration in Florida: April 27, 2011 4. Document number: L11000049721

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

Registered Agent: James H. Wilson

Registered Office Address: 723 S Rossier St
Mt Dora, Florida 32757

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

NEW Registered Agent: _____

NEW Registered Office Address: 3265 US Hwy 1
(**MUST BE FLORIDA STREET ADDRESS**) Mims, FL 32754

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 H. Wilson 2/14/13
Signature of a member or authorized representative of a member

James H. Wilson Jim Wilson
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 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.

Signature of Registered Agent

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