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(Re	equestor's Name)						
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PICK-UP	☐ WAIT	MAIL					
(Bu	usiness Entity Name	e)					
(Document Number)							
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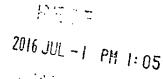
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2016 JUL -1 AMII: 34 SECRETARY OF STATE

K.SALY EXAMINER





Letter Number: 716A00012943

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2016

ANDERSON REGISTERED AGENTS RANDALL RITCHIE 3225 MCLEOD DR. LAS VEGAS, NV 89121

SUBJECT: JOHN 1414, LLC Ref. Number: L12000076680

We have received your document for JOHN 1414, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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.

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division of Corporations	
John 1414, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Randall Ritchie	
Name of Person	
Anderson Business Advisors	
Firm/Company	
3225 McLeod Dr	
Address	
Las Vegas, NV 89121	
City/State and Zip Code	
rritchie@andersonadvisors.com	
E-mail address: (to be used for future annual a	report notification)
For further information concerning this matter, plea	ase call:
Randall Ritchie	800 706-4741 Ext 217
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 amo	ount:
<b>☑</b> \$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.	Na	me of the limited liability company:John 1414, LL	.C						
2.	(a)		(1-	<b>1</b> )					
2.	(α) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		1470 NW 107 Ave, Suite O		14	170 NW	√ 107 Ave, Su	iite O		
		Miami, FL 33172	<del></del>	М	iami, F	L 33172			
		06/08/2012		L12	200007	'6680			
3.		Date of filing/registration in Florida	4.			Document numb	per		
5.	(a)								
٥.	(a)	Registered Agent and Registered Office shown on the records of the	he Florida	a Dep	t. of State	:			
		Northwest Registered Agent, LLC							
		Registered Office Address (MUST BE FLORIDA STREET A			$\vec{\mathbf{p}}_{in}$	20			
		3030 N Rocky Point Drive, Suite 150A					LL P	16 J	-11
		Tampa , FL	33607				ECRETARY OF LAHASSEELF	2016 JUL -1	
	(b)						EE.F	至	П
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress	<u>;</u>		TURIO ZIVIE	計二:34	
		Anderson Registered Agents, Inc					- Marie Mari	•	
		NEW Registered Office Address:							
		1000 N Washington Blvd							
		Sarasota , FL	34236						
the age wa	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	the reginate the litty confidence of the limited limit	stere ompa ited liabi	ed office any, it is liability lity com	and the busines hereby confirm company or as pany.	ss office of ed that the otherwis	of the i he chai	registered nge(s)
		ture of a member or authorized representative of a member	- Ka	nda	II KITCH	Printed or typed na			
I h pro the to	erel ovisi obl mere	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform I for in G iereby c	t in i iance Chaj confi	this capa e of my a pter 605, rm that t	acity I further o	oree to a	comply	with the nd accept eing filed us been

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

Signature of Registered Agent