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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rhonda Jone Name of Limite	d Liability Company	<u>-</u>
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this m	natter to the following:	
Rhonda Jones Name of Person Rhonda Jones LCC Firm/Company B146 Cypress Bay P Address Land D Lakes FZ City/State and Zip Code	<u>Kwy</u> <u>346</u> 38	2013 JUN 28 PH 4: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Paul and thonds jones H-mail address: (to be used for future annual report notifications)	o @gnail.com	
For further information concerning this matter, ple	ease call:	
Rhorda Jones at (3B) 992-07 Area Code & Daytime Telephone N	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 am	ount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified C	бору



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2013

RHONDA JONES 18146 CYPRESS BAY PKWY LAND O'LAKES, FL 34638

SUBJECT: RHONDA JONES, LLC Ref. Number: L12000113018

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SECRETARY OF STATE

ARLANASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

You completed the wrong form

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.

Joey Bryan Regulatory Specialist II

Letter Number: 713A00015219

See Attached



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 6, 2013

RHONDA JONES 18146 CYPRESS BAY PKWY LAND O'LAKES, FL 34638

SUBJECT: RHONDA JONES, LLC

Ref. Number: L12000113018

We have received your document for RHONDA JONES, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State

for \$25.00.

You completed the wrong form

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.

Joey Bryan Regulatory Specialist II

Letter Number: 913A00014246

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:	rorde Jones LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	18146 Cypiess Bay Pllwx Lond O Lakes Fe 34636
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	18146 Cypress Bay Pilwy Lond O Lances FL 34637
9/4/12— 3. Date of filing/registration in Florida	L12000113018 4. Document number
5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	the records of the Florida Dept. of State: The Company Corporation 2711 Centerville Rd H400 - Willmington, DE 19808
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Rhonda Jones
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18146 Cypress Bay PKW/
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the printed of a member of the obligations of my positional transfer of the provisions of all statutes relative to the printed of the provisions of all statutes relative to the printed of the provisions of all statutes relative to the printed of the provisions of all statutes relative to the printed of the printed of the printed of the printed of the printed liability company. Signature of Registered Agent	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of arganization or

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