## L12000152829

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PICK-UP WAIT MAIL	
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2019 JUN 21 PM 12: 59
SECRETARY OF STATE
ORIDA

JUN 24 2013 J. BRYAG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JK LOCKE CONSULT:	
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	g this matter to the following:
JOHN K. LOCKE	
Name of Person	TAL TAL
JK LOCKE CONSULTING LLC	MI3 JUN 21 PH 12: 59 SECRETARY OF STATE TALLAHASSEE. FLORID
Firm/Company	SSER
608 MALLORY DRIVE	FFLST I
Address	TE SALUE
PANAMA CITY, FL 32405	
City/State and Zip Code	
lilalocke@knology.net	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matt	tter, please call:
John K. Locke	at ( 850 ) 265-6466
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301  Enclosed is a check for the following	ing 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 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:JK_LOCKE	CONSULTING LLC
.2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	PANAMA CITY, FL 32405
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	608 MALLORY DRIVE PANAMA CITY, FL 32405
12/06/2012	L12000152829
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	BUSINESS FILINGS INCORPORATED
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	JOHN K. LOCKE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	608 MALLORY DRIVE
	PANAMA CITY ,FL 32405
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized revesentative of a member  JOHN K. LOCKE  Printed or typed name of signee  I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provision of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, hereby confirm that the simited liability company.  Signature of Registered Agent	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or HASSE FLOR
Division of Corporations, P.O. Box 632 FILING FEE: \$2	

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