## 113000 1460900

(Requestor's Name)						
(Address)						
, ,						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900322097789

01/03/13--01007--026 +•25.00

RECEIVED
JAN 0 2 2019

FILED
2019 JAN 24 AM 8: 40

ROCHS

JAN 3 0 2019 I ALBRITTON

## **COVER LETTER**

Registration Section Division of Corporations							
JDL CUSTOM, LLC (L1300 SUBJECT:	0146900)						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning th	his matter to the	following:					
Daniel White							
Name of Person		<del></del>					
JDL CUSTOM, LLC							
Firm/Company		<del></del>					
7837 SW 84th WAY							
Address		<del></del>					
Gainesville, FL 32608							
City/State and Zip Code							
dbw1977@gmail.com							
E-mail address: (to be used for future and	nual report notif	lication)					
For further information concerning this matter	r, please call:						
Daniel White	352 at (	572-0147					
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	Re Di P,c	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314					
Enclosed is a check for the following amount:							
■ \$25 Filing Fee	<b>□</b> \$.	55 Filing Fee & Certified Copy					



January 11, 2019

DANIEL WHITE JDL CUSTOM LLC 7837 SW 84TH WAY GAINESVILLE, FL 32608

SUBJECT: JDL CUSTOM, LLC Ref. Number: L13000146900

We have received your document for JDL CUSTOM, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 719A00000913

## 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	ume of the limited liability company:JDL Custom	LLC		
2. (a)	JDL CUSTOM, LLC	(b)	JDL CUSTOM,	, LLC
~. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  7837 SW 84th WAY		•	dress of limited liability company:  MAY BE POST OFFICE BOX)  WAY
	Gainesville, FL 32608		Gainesville, FL	32608
	10/18/2013	L	13000146900	
3.	Date of filing/registration in Florida Daniel White	4.	Docume	ent number
5. (a)	Registered Agent and Registered Office shown on the records of JDL CUSTOM, LLC	the Florida D	ept. of State:	
	Registered Office Address 4731 SE 33rd ST	ADDRESS)	<u>.                                      </u>	2019 JAN 24
	Ocala	34471		JAN 24
(b) .	Daniel White			01 18 HW
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addr	<u>ess</u> :	<u> </u>
	JDL CUSTOM, LLC			<b>0.1:8</b>
	NEW Registered Office Address:	•	<del></del>	
	7837 SW 84th WAY			
	Gainesville , FI	32608		
the cha agent w was/we	imited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, by the case of a Florida limited li- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registe ability com of the limite limited lia	red office and the pany, it is hereby ed liability compa	business office of the registered confirmed that the change(s)
Signat	ure of a member or authorized representative of a member		Printed o	or typed name of signce
provisi the obli to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	- performan	ce of my duties, a	nd I am familiar with and accept
1	>:\/\`			
Signatui	re of Registered Agent			