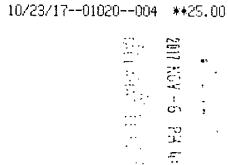
L13000162591

(Requestor's Name)	
(Address)	300304
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/23/17
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

	egistration Section Division of Corporations				
SUBJEC	JTOG CONSULTING LLC				
SOBJEC	Name of Limited Liability Company				
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.		
Please ret	urn all correspondence concerning this	matter to the fol	lowing:		
JOSHU	A GREEN				
-	Name of Person				
JTOG C	CONSULTING LLC				
	Firm/Company				
1936 BF	RUCE B DOWNS BLVD STE 218	3			
	Adáress				
WESLE	Y CHAPEL, FL 33544				
	City/State and Zip Code				
THEJTO	OG@GMAIL.COM				
E-m	ail address: (to be used for future annu	al report notifica	tion)		
For furthe	er information concerning this matter, p	olease call:			
JOSHU	A GREEN	813 at (421-5674		
	Name of Person	_ ur (Area Code & Daytime Telephone Number		
R D C 20	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle allahassee, Florida 3230!	Regis Divis P.O.	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314		
E	Enclosed is a check for the following amount:				
Z	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2	2/14)				



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2017

JOSHUA GREEN 1936 BRUCE B DOWNS BLVD STE 218 WESLEY CHAPEL, FL 33544

SUBJECT: JTOG CONSULTING LLC

Ref. Number: L13000162597

We have received your document for JTOG CONSULTING 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00021432

2013 NOV -6 FM 2: 56

Corrected

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.

_	ime of the limited liability company: 110G CONSU 1936 BRUCE B DOWNS BLVD STE 218		
2. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) WESLEY CHAPEL, FL 33544	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT Registered Office Address A TAMPA FL	4. , INC. e Florida Dept	Document number of State: 200162597 Document number 2017
(b)	Enter name of NEW Registered Agent and/or NEW Registered C 1936 BRUCE B DOWNS BLVD STE 218 NEW Registered Office Address:	Office address:	
	WESLEY CHAPEL FL3	3544	
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or in the case of a Florida limited liabere authorized by a affirmative vote of the members of cles of organization or the operating agreement of the limited liabers.	he registered pility compan the limited li mited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi the ohl to mere notified	by accept the appointment as registered agent and agre- ons of all stanges relative to the proper and complete p ons of my position as registered agent as provided els reflect a change in the registered office address. I he d in writing of mis change.	e to act in thi erformance o för in Chapte ereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signatu	re of Registered Agent		
	Division of Corporations P.O. Bo		llahassee, F1. 32314