

213000167780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

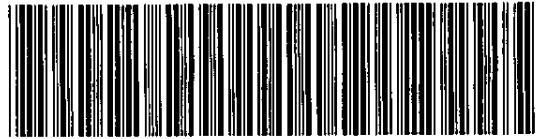
(Business Entity Name)

(Document Number)

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18 MAR -9 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2018

JASON WINGO
5005 WHITEWATER WAY
ST CLOUD, FL 34771

SUBJECT: J WINGO & ASSOCIATES LLC
Ref. Number: L13000167780

We have received your document for J WINGO & ASSOCIATES 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 5(a) must match what's showing in our records (see attached).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 518A00003768

RECEIVED
MAR 07 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. WINGO & ASSOCIATES
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 this matter to the following:

JASON WINGO

Name of Person

Central Florida Floors

Firm/Company

5005 Whitewater Way

Address

St. Cloud, FL 34771

City/State and Zip Code

Jason.Wingo@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON WINGO

Name of Person

at (321) 689-2351

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 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 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. Name of the limited liability company: J. WINGO & ASSOCIATES

2. (a) JASON WINGO (b) JANELLE WINGO

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

5005 WHITEWATER WAY

SAINT CLOUD FL 34771

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SAME

L 13000167780

3. Date of filing/registration in Florida

4.

Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK CT. A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA

FL 33612

(b) JASON WINGO

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5005 WHITEWATER WAY

NEW Registered Office Address:

SAINT CLOUD

FL 34771

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

JASON WINGO

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE