## L14000000017

(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 Úse Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	Joanna International LLC						
		Name of Limited Liability Company					
Dear S	ir 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:							
Joani	na Kortik						
	Name of Person						
Joani	na International LLC						
	Firm/Company						
2118	6th Street West						
	Address						
Palm	etto, Florida 34221						
	City/State and Zip Code						
joann	a@joannakortik.com						
E	-mail address: (to be used for future annu	al report notification)					
For fur	ther information concerning this matter,	please call:					
Joann	na Kortik	941 567-0533					
	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	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					
INHS1	8 (2/14)						



November 18, 2014

JOANNA KORTIK JOANNA INTERNATIONAL LLC 2118 6TH STREET WEST PALMETTO, FL 34221

SUBJECT: JOANNA INTERNATIONAL LLC

Ref. Number: L14000000047

We have received your document for JOANNA INTERNATIONAL 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):

The registered agent must sign accepting the designation.

The new registered agent listed and the one signing the document don't appear to be the same.

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: 214A00024416



## 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	me of the limited liability company: Joanna Intern	ational	LLC		
2. (	a)	Joanna International LLC	(h)	(b) Joanna International LLC		
(u)		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		2118 6th Street West		2118 6th	Street West	
		Palmetto, FL 34221	Palmetto		o, FL 34221	
		12/31/2013	†	_1400000	00047	
3.		Date of filing/registration in Florida	4.		Document number	
5. (	(a)	BUSINESS FILINGS INCORPORATED				
J. ,	(4)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	:	
		BUSINESS FILINGS INCORPORATED				
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
		515 E. PARK AVENUE				
		TALLAHASSEE	32301			
					DEC.	
(	b)	Joseph Edward Vickers				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		
		Joseph Edward Vickers			<b>星</b> 第22	
		NEW Registered Office Address:			<b>5 5 5</b>	
		2118 6th Street West				
		Palmetto ,FL	34221			
If th	e li	mited liability company is not organized under the lav	•	State of Flo	arida it is hereby confirmed that after	
the dager was	cha it v /we	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
(		ounner Cortib	Joa	nna Kortik	· · · · · · · · · · · · · · · · · · ·	
Sig	gpat	ure of a member or authorized representative of a member			Printed or typed name of signee	
prov the d to m noti	visi obli ere fied	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I have a change of this change.	ee to act performa d for in C hereby co	in this capa nce of my a hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	