

L14 0000 59788

(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



500279989185

12/14/15--01022--002 **25.00

FILED
16 APR -8 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE JOWI INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. SCOTT CRITZER, ESQ.

Name of Person

THE CRITZER LAW FIRM, P. A.

Firm/Company

12889 US HIGHWAY 98 WEST, UNIT 110A

Address

MIRAMAR BEACH, FL 32550-3241

City/State and Zip Code

scott@critzerlaw.com

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

For further information concerning this matter, please call:

S. SCOTT CRITZER, ESQ.

850 622-0050
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: THE JOWI INVESTMENTS LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

431 LEE ROAD 931

SMITHS STATION AL 36877

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

431 LEE ROAD 931

SMITHS STATION AL 36877

09/25/2015

L14000059788

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES INC

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

17888 67TH COURT NORTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LOXAHATCHEE, FL 33470

(b) THE CRITZER LAW FIRM PA

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

12889 US HWY 98 WEST

NEW Registered Office Address:

UNIT 110A

MIRAMAR BEACH, FL 32550

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 of a member or authorized representative of a member

S. SCOTT CRITZER-ATTORNEY FOR LLC

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 of Registered Agent

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

FILED
16 APR - 8 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA