## L14000006178

(Re	equestor's Name)			
(Ad	ldress)	<del></del>		
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(5)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEE FLORID

OCT 31 2014 T. CARTER

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
T. al. 1'				
SUBJECT: 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:				
Richard Schmitt Name of Person				
Joshall Firm/Company				
3412 SE Fairway West Address				
Stuart, FL 34997 City/State and Zip Code				
Fick Schmitt 28°C Wahoo. (om  E-mail address: (to be used for fature annual report notification)				
For further information concerning this matter, please call:				
Richard Schmitt at (561) 262-8997  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 & Certified Copy				

INHS18 (2/14)



Division of Corporations

October 6, 2014

RICHARD SCHMITT JOSHALI 3412 SE FAIRWAY WEST STUART, FL 34997 US

SUBJECT: JOSHALI, LLC Ref. Number: L14000066178

We have received your document for JOSHALI, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Tina D Carter Regulatory Specialist

Letter Number: 414A00021306

## 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:		
2. (a)	(b)		
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited (Note: MAY BE POST)		
	3412 SE FAIRWAY WEST 3412 SE	E FAIR	ary l
	3412 SE FAIRWAY WEST 3412 STUART FC	-	3499
	5/5/2014 46-556	6563	
3.	Date of filing/registration in Florida 4. Document number	<del></del>	<del></del>
5. (a)			
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	TALLA HASSEE, FL 32301		₹.,
	TA (A NASSEE , FL S 2301	14 (	YEC SEC
<i>(</i> 1.)		CT	圣
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	20	AR AR S
			HOLE TO THE
	Richard C Schmitt	R	F S
	NEW Registered Office Address:	7: 2	물론
	NEW Registered Office Address:  3 412 SE FAIRWAY WEST	0	Ømi ≯
	Stuart , FL 34997		
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby con	nfirmed that	after
the cha	inge or changes are made, the Florida street address of the registered office and the business of	ffice of the re	gistered
agent was/we	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed t ere authorized by an affirmative vote of the members of the limited liability company or as other	inat the chang erwise provid	ge(s) led in
the arti	icles of organization or the operating agreement of the limited liability company.	1	
	Richard C Richard C	Schm	Le Th
_	ture of a member or authorized representative of a member Printed or typed name of	Ū	*.1 .1
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agre ions of all statutes relative to the proper and complete performance of my duties, and I am fam ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docely reflect a change in the registered office address, I hereby confirm that the limited liability of this change.	e to comply villar with and cument is being company has	vith the d accept ng filed been
Signatu	re of Registered Agent		