

L140000 90501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

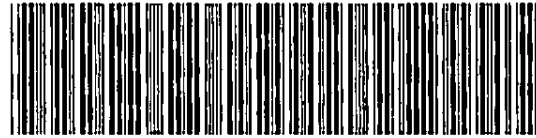
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2017 OCT 16 PM 3:35

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OCT 18 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTJ Johnson LLC
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:

Michael T. Johnson
Name of Person

MTJ Johnson LLC
Firm/Company

1842 Saxon Blvd
Address

Deltona FL 32725
City/State and Zip Code

michael83envirospec@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Johnson at (386) 956-7885
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2017

MICHAEL T JOHNSON
1842 SAXON BLVD
DELTONA, FL 32725

SUBJECT: MTJ JOHNSON LLC
Ref. Number: L14000090501

We have received your document for MTJ JOHNSON LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Document number is missing.

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: 217A00019570

2017 OCT 16 PM 12:21

TELEPHONE

2017 OCT 16 PM 3:33

TELEPHONE

**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: MTJ Johnson LLC

2. (a) 1842 Saxon Blvd (b) 1842 Saxon Blvd

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Deltona FL 32725

Deltona FL 32725

3. 6-5-2014
Date of filing/registration in Florida

4. L14000090501
Document number

5. (a) Cheryl Johnson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1842 Saxon Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Deltona FL 32725
_____, FL _____

(b) Michael T. Johnson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1842 Saxon Blvd
NEW Registered Office Address:

Deltona FL 32725
_____, FL _____

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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.

Evelyn Muntwyler Per Request of Cheryl Johnson
Signature of a member or authorized representative of a member Printed or typed name of signee

Evelyn Muntwyler
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.

Michael Thomas Johnson
Signature of Registered Agent

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

FILING FEE: \$25.00