(Re	equestor's Name)				
(Ad	dress)	,			
(Ad	ldress)				
(Cit	y/State/Zip/Phone	<del>¥)</del>			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	e)			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					





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03/11/15--01014--002 \*\*25.00

## COVER LETTER

TO: Registration Section Division of Corpo						
SUBJECT: E.R. and K	.L Jackson LLC					
	Name	of Limited L	iability Company			
Dear Sir or Madam:						
The enclosed Registered A	gent/Registered Office	e Change and	fee(s) are submitted for	filing.		
Please return all correspon	dence concerning this	matter to the	following:			
Edward Ray Jackson						
N	ame of Person		·			
E.R. and K.L. Jackson	n LLC					
F	rm/Company		<del> =</del>			
PO Box 13056	·			4		
	Address	<del>-</del>	<del></del>			
St. Petersburg, FL 33	733					
City/S	State and Zip Code					
erj@jacksoncpa.pro						
E-mail address: (to b	e used for future annua	al report noti	fication)			
For further information co	ncerning this matter, p	lease call:				
Edward Ray Jackson		727 at (	365-2711			
Name of I	Person		Area Code & Daytime	Telephone Number		
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	on orations enter Circle	R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee		<u> </u>	555 Filing Fee & Certified	Сору		
INHS18 (2/14)	•					

## 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: E.R. and K.L.	Jacks	on LLC			
2. (a)	266 Valencia Circle	(b) PO Box 13056				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	· — — — — — — — — — — — — — — — — — — —	Mailing address of limited line (Note: MAY BE POST O	-	-
	St. Petersburg, FL 33716		St. Peter	sburg, FL 33716		
	01/02/2015	_		00572		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Ellen Fontana					
5. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State	:		
	2471 N. McMullen Booth Road					
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>(S)</u>		다	의 ≦:0
	Building A #308				KAR	<u> </u>
	Clearwater , FL	33759	)		70 	유왕도 6월1
(b)	Edward Ray Jackson				PH 12:	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		വ	
,	266 Valencia Circle				9	摸
	NEW Registered Office Address:					
	St. Petersburg	33716	3			
	, F1			•		
the cha agent v was/wa	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the regiability of the line	istered office company, it is mited liability	e and the business offices hereby confirmed that y company or as otherwany.	ce of the at the cha	registered inge(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name of s	signee	
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change.	ree to a e perfori ed for in hereby	ct in this cape nance of my e Chapter 605 confirm that	acity. I further agree that the same and I am famili , F.S. Or, if this documents the limited liability con	to comply ar with a ment is b mpany h	y with the and accep eing filed as been
notifie	ety reflect a change in the registered office address, I d'in writing of this change.	негену	congum mai	me named namny co.		mpany

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

INHS18 (2/14)