# <u> 1500022938</u>

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(Business Entity Name)	
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# **COVER LETTER**

TO: Registration Section Division of Corporations

# JAX PARK LLC

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:

#### VANESSA BERTUCA

Name of Person

GOLDELM

Firm/Company

7000 MAE ANNE AVE OFFICE

Address

**RENO NV 89523** 

City/State and Zip Code

# accounting@goldelm.com

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

For further information concerning this matter, please call:

# VANESSA BERTUCA

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

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:

☑ S25 Filing Fee

\$55 Filing Fee & Certified Copy

## 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.

i)	7000 MAE ANNE AVE	(b) 7000 MAE ANNE AV					
-,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	s of limited liability company: Mailing address of limited liab					
	OFFICE		OFFIC	CE			
	RENO NV 89523		RENC	DNV 89523			
	02/06/2015		L15000	0022938			
	Date of filing/registration in Florida	4.		Document numbe	;L		
a)	MOSES, MICHAEL						
. ,	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of 3	State:			
	12443 SAN JOSE BL						
	Registered Office Address (MUST BE FLORID.1 STREET	ADDRES	<u>5)</u>				
	SUITE 604						
(b)	JACKSONVILLE	32223			2	2018	
	HUBBARD, RODERICK					JUX 2	
	Eater name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	t Office a	<u>ldress</u> :			õ	
	5333 SW 75TH ST				,, 	89 (Re	
	NEW Registered Office Address:				امر المع 191 191 191	$\Box$	
	OFFICE				3 <b>.</b> . '		
		_32608	I				

RODERICK R HUBBARD

Signature of a member of authorized representative of a member

Printed or typed name of signee

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 influe registered office address. Thereby confirm that the limited liability company has been notified in writing of the duals.

Signature of Registered Agent

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