

W5000052036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

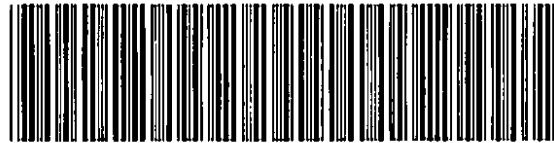
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2022 JUL 22 11:23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAITH UNLIMITED SHRIMPING 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:

ANTOINETTE JONES

\_\_\_\_\_  
Name of Person

FAITH UNLIMITED SHRIMPING LLC

\_\_\_\_\_  
Firm/Company

6315 BROUGH RD

\_\_\_\_\_  
Address

ELKTON, FL 32084

\_\_\_\_\_  
City/State and Zip Code

toniallj@yahoo.com

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

For further information concerning this matter, please call:

ANTOINETTE JONES

912

674-7696

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

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2022 JUL 22 PM 5:33

*LSH/MSK*

**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: FAITH UNLIMITED SHRIMPING LLC
2. (a) 6315 BROUGH RD  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
ELKTON, FL 32033
- (b) 6315 BROUGH RD  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
ELKTON, FL 32033
3. MARCH 23, 2015  
Date of filing/registration in Florida
4. 1.15000052036  
Document number
5. ( ) ROTH LAW FIRM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
450 STATE ROAD 13 NORTH SUITE - 106- PMB 134  
SAINT JOHNS, FL 32259
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- ANTOINETTE JONES  
NEW Registered Office Address:  
6315 BROUGH RD.  
ELKTON, FL 32033

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.

*Antoinette Jones*  
Signature of a member or authorized representative of a member

ANTOINETTE JONES

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.*

*Antoinette Jones*  
Signature of Registered Agent

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