L15000080235

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		¥		

Office Use Only



100272755921

05/12/15--01039--015 **25.00

15 HAY 12 AH 7:41

C.L.A.B

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: N97JJ, LLC			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change an	d fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to th	e following:	
Alexandrea Simser			
Name of Person			
Satcom Direct, Inc.			
Firm/Company			
1901 Highway A1A			
Address			
Satellite Beach, FL 32937			
City/State and Zip Code			
legal@satcomdirect.com			
E-mail address: (to be used for future ann	nual report not	ification)	
For further information concerning this matter,	, please call:		
Alexandrea Simser	321 at (525-4617	
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	gamount:		
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	
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 (-)	limited liability company: N97JJ, l		
2. (a) Prin	cipal office address of limited liability comparts (Nate: MUST BE STREET ADDRESS)	ny: (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1901 H	ighway A1A	190	11 Highway A1A
Satellite	Beach, FL 32937	Sat	ellite Beach, FL 32937
05/06/20	015	L150	000080235
. <u>D</u>	ate of filing/registration in Florida	4.	Document number
(a)			
Registered A	gent and Registered Office shown on the reco	ords of the Florida Dept.	of State:
Mark W		·	
Registered (Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	ighway A1A	•	
Satellite	Beach	32027	MAN
Obtenite	- Deacil	_, _{FL} 32937	
a >			12
(b)	of NEW Registered Agent and/or NEW Reg	istered Office address	
			15 MAY 12 AH 7: 41
InCorp :	Services, Inc.		<u> </u>
NEW Regis	tered Office Address:		
17888 6	7th Court North		
Loxahat	chee	, FL 33470	
change or char	lity company is not organized under to nges are made, the Florida street addr tical. Or, in the case of a Florida limi	the laws of the State less of the registered ited liability compan	of Florida, it is hereby confirmed that after office and the business office of the register y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
is/were authoriz	ed by an affirmative vote of the mem anization or the operating agreement (of the limited liabilit	y company.
as/were authorize articles of orga	anization or the operating agreement	of the limited liabilit Mark Wr	y company.
as/were authorize articles of orga	anization or the operating agreement of authorized representative of a member	of the limited liabilit	y company.
as/were authorize articles of organized articles of organized articles of a member accept the covisions of all size obligations of merely reflect of a merely a merely reflect of a merely and a merely reflect of a merely a merel	contraction or the operating agreement of the proper and contract representative of a member and contract relative to the proper and contract agent as proceedings of the proper and contract agent as proceedings of the registered agent as proceedings of the registered office addresses agent the registered of t	of the limited liabilit Mark Wr	y company. nitson
as/were authorize articles of organized articles of a members of a mem	the appointment as registered agent are tautes relative to the proper and con my position as registered agent as proceeding in the registered office address of this change.	of the limited liabilit Mark Wh and agree to act in this splete performance of ovided for in Chapte ess, I hereby confirm	y company. nitson Printed or typed name of signee s capacity. I further agree to comply with the of my duties, and I am familiar with and acce or 605, F.S. Or, if this document is being file that the limited liability company has been

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