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(Re	equestor's Name)				
(Ad	dress)				
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(Cir	ty/State/Zip/Phon	e #)			
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

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September 13, 2020

RYAN DUNN 11816 KESTREL DR. NEW PORT RICHEY, FL 34654

SUBJECT: RYAN J D LLC Ref. Number: L15000160202

We have received your document for RYAN J D LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Letter Number: 020A00017388

Deborah Bruce Corporate Records Supervisor II

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations	i	
SUBJECT: Ryan JD LLC Name of Limited Liab	bility Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fe	ec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	llowing:	
Name of Person	. <u>.</u>	
Ryan J D LLC Firm/Company	_	
11816 Kestrel Dr. Address	_	
New Port Lithey, FL 34654 City/State and Zip Code	_	
E-mail address: (to be used for future annual report notification)	ation)	1
For further information concerning this matter, please call:		
Ryan Dunn at (727 Name of Person	) Z88 - 126Z Area Code & Daytime Telephone Num	i per
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	

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	une of the limited liability company:	, JD	LLC			
2. (a)	11816 Kestrel Dr.		(Same	as Princip	al)	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing	address of limited  MAY BE POST	liability comp	-
	New Port Richey, FL				•	
	34654					
		<del></del>				
	9/21/2015		LISC	0001602	02	
3.	Date of filing/registration in Florida	4.		ment number		
5. (a)	Corporation Service Com	part			· i	
- (.,	Registered Agent and Registered Office shown on the records	of the Florida Der	n, of State:			į
			·			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)			•	••
	1201 Hays Street			•	₹ Ø	;
	Tallahassee	FL 3230	1	7000 P		
	_		<del></del>	AHA AHA PAHA	, <u>11</u>	
(b)	Ryan Dunn					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>red Office addres</u>	<u>8</u> :	د ښ	m	
				FLOR	<b>(</b>	
	NEW Registered Office Address:			ATE ATE		
	11816 Kestrel Dr			> <b>o</b> -	1	-
			<del></del>			
	New Port Richey	FL 3465	54	•	•	
If the 1	imited liability company is not organized under the	laws of the Sta	te of Florida,	it is hereby con:	firmed that	after the
change	or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited	the registered o	ffice and the l	ousiness office (	of the regist	ered
was/we	ere authorized by an affirmative vote of the member	's of the limited	l liability com	pany or as other	rwis <mark>e provi</mark>	ded in
the arti	icles of organization or the operating agreement of the	ne filmited fiabi		_	<u> </u>	
Signa	vice of a pember or authorized representative of a member		Printe	Dunn ed or typed name of	sign <b>e</b> e	
I bana	be from the appointment as registered agent and o	igree to act in t	his capacity.	I further agree	to comply v	vith the
provisi the obl	invoccept the appointment as registered agent and disions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address,	ete performance ded for in Chaj	e of my duites, pter 605, F.S.	, ana 1 am jamu Or, if this docu	iar wun an iment is bei	u accepi ng j∃led Kiion
to mere notifice	ely reflect a change in the registered office address, d in writing of this mange.	i nereby confu	rm mai ine lii)	анев навину Сб	тұлақ чағ	ecca
C1	ire of Kegistek d Agent				1	
Signatti	ne opvegsiered argune					