

215000211771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

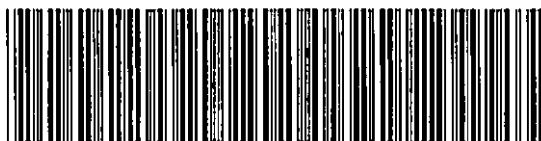
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000315753270

07/18/18--01022--018 \*\*25.00

2018 JUL -8 PM 6:36  
CLERK OF COURT  
CLERK OF COURT

B FIGUEROA  
JUL 25 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Commonwealth, 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:

Jason D. Holbrook

Name of Person

Commonwealth, LLC

Firm/Company

203 Kenmore Ave.

Address

Ponte Vedra, FL 32081

City/State and Zip Code

holbrookjt@yahoo.com

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

For further information concerning this matter, please call:

Jason D. Holbrook at ( 904 ) 705-3147  
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:**

☒ \$25 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.*

1. Name of the limited liability company: Commonwealth, LLC

2. (a) Principal Office (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

203 Kenmore Ave

Ponte Vedra, FL 32081

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

203 Kenmore Ave.

Ponte Vedra, FL 32081

12/22/2015

L15000211771

3. Date of filing/registration in Florida

4. Document number

5. (a) Jason D. Holbrook

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

466 Town Plaza Ave., Ponte Vedra, FL 32081

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

466 Town Plaza Ave.

Ponte Vedra, FL 32081

(b) Jason D. Holbrook

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jason D. Holbrook

NEW Registered Office Address:

1301 Riverplace Blvd., Suite 1500

Jacksonville, FL 32207

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.

[Signature]  
Signature of a member or authorized representative of a member

Jason D. Holbrook

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 in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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