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TALLAHASSEE, FI ORICA

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D. BRUCE MAY 01 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The JDR Leadership Company 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:
James Davier Ritch Name of Person
The JDN Leadership Company Firm/Company
2823 SE 215 ⁺ AVE Address
City/State and Zip Code Javren@idrleadership.com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notific

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

TO:

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.

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1. Na	ame of the limited liability company:	_Ine_J	DR Leade	ers nip	(ompani	Y
2. (a)	2823 SE 21st AV	16	(b) Z	8 <i>2</i> 3 SE	21st AVE	<u>L</u>
` ,	Principal office address of limited liabilit		(,	Mailing addres	s of limited liability	y company:
	(Note: MUST BE STREET ADD)	<u>(ESS)</u>			BE POST OFFIC	
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3.	Date of filing/registration in Flo	 orida	4.	Document:	number	
_	Hilal Cl Jaco Alex	Donalo	6			
5. (a)	United States Corporation Registered Agent and Registered Office shown or	n the records of the	/NC he Florida Dept. of Sta			
	Registered rigon and Registered Office shown of	The records of a	no Frontia Bopt, or Sit			
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(b)	PYD Consulting	, UC	·• · · · · · · · · · · · · · · · · · ·	_ :	SSE >:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered	Office address:	4		
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	Ocala	, FL_	377 //	_		
If the li	imited liability company is not organized	under the law	s of the State of F	lorida, it is he	ereby confirmed	I that after
the cha	nge or changes are made, the Florida stre vill be identical. Or, in the case of a Flori	et address of t	the registered office	ce and the bus	siness office of	the registered
was/wo	ere authorized by an affirmative vote of the	ne members of	the limited liabili	ity company o	or as otherwise	provided in
the arti	cles of organization or the operating agre	ement of the l	imited liability co	mpany.	277	
Signat	ure of a member or authorized representative of a	mambar	Jan	nes D K	oed name of signee	
			na to got in this on			malu with the
r nerei provisi	by abcept the appointment as registered a one of all statutes relative to the proper a	ind complete p	performance of my	duties, and l	am familiar wi	th and accept
to hiere	ons of all statutes relative to the proper a lightions of my position as registered age by reflect a change in the registered offic	u as proviaed e address, I h	ereby confirm that	t the limited l	inis aocument iability compan	is being filed y has been
популе	Tin writing of this change					
Signatu	re of Registered Agent	<u> </u>				

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