

L16000120724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

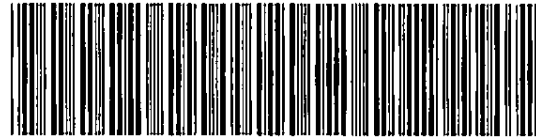
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/01/17--01003--028 **25.00

FILED
17 DEC 28 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

DEC 29 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2017

MICHELLE JACKSON
18 VELAIRES DR
BOYNTON BEACH, FL 33426

SUBJECT: O-MY JEWELS LLC
Ref. Number: L16000120724

We have received your document for O-MY JEWELS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of 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) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 717A00024586

2017 DEC 28 AM 12:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O My Jewels 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:

Michelle Jackson

Name of Person

O My Jewels LLC

Firm/Company

18 Velaire Drive

Address

Boynton Beach, FL 33426

City/State and Zip Code

sophia@omyjewels.com

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

For further information concerning this matter, please call:

William Jackson

at (561) 777-2618

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: O My Jewels LLC

2. (a) Registered Manager (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

18 Velaire Drive

Boynton Beach FL 33426

11/10/2017

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

18 Velaire Drive

Boynton Beach, FL 33426

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

Michelle Jackson

NEW Registered Office Address:

18 Velaire Drive

Boynton Beach, FL 33426

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.

William Jackson

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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

FILING FEE: \$25.00

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(Note: MUST BE STREET ADDRESS)

18 Velaire Drive

Boynton Beach FL 33426

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

11/10/2017

3. Date of filing/registration in Florida

4. Document number

5. (a) Michelle Jackson AKA Sophia Jewels
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

18 Velaire Drive

Boynton Beach, FL 33426

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

Michelle Jackson

NEW Registered Office Address:

18 Velaire Drive

Boynton Beach, FL 33426

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.

William Jackson

Signature of a member or authorized representative of a member

Printed or typed name of signee

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FILING FEE: \$25.00