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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Johnson Trading LLC	. <u></u>			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	nclosed Registered Agent/Registered Offi	ice Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning this	s matter to the	e following:		
Luca	s Johnson				
	Name of Person				
John	son Trading LLC				
	Firm/Company				
75 N	Woodward Ave #83194				
	Address				
Talla	hassee, FL 32313				
	City/State and Zip Code				
lucas	ijtrading@gmail.com				
E	E-mail address: (to be used for future ann	ual report not	ification)		
For fur	rther information concerning this matter,	please call:			
Lucas	s Johnson	701	8338331		
	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	R D P	MAILING ADDRESS: degistration Section Division of Corporations O. Box 6327 Callahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	- :	\$55 Filing Fee & Certified Copy		
INHS1	8 (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.

(a)	75 N Woodward Ave		oodward Ave	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) #83194		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tallahassee, FL 32313	_	Tallahas	see, FL 32313
	July 25, 2016		L1600013	38905
	Date of filing/registration in Florida	4.		Document number
(a)	Lucas Johnson			
	Registered Agent and Registered Office shown on the records of 1325 Snell Isle Blvd NE	the Flori	da Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET) #105	ADDRE.	<u>22)</u>	-
	St. Petersburg , FI	3370	4	- -
(b)	Lucas Johnson			The state of the s
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddress:	7 (1) 1 (1) (1) (1) (1) (1) (1)
	75 N Woodward Ave			
	NEW Registered Office Address:			
	#83194			3: 3 STATI
	Tallahassee , FI	3231	3	DM 12
e cha ent v as/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regiability of the li	gistered office company, it is mited liability	e and the business office of the regists s hereby confirmed that the change(s y company or as otherwise provided

Signature of a member or authorized representative of a member 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 of Registered Agent