14600158394

(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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D. SCOTT MAR 1 3 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2017

ERIKA JACKSON 13043 53RD CT N ROYAL PALM BEACH, FL 33411

SUBJECT: JACKSON PRAIRIE LLC

Ref. Number: L16000158394

We have received your document for JACKSON PRAIRIE 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 817A00003863



COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	Jackson Prairie, LLC							
		Name of Limited Liability Company						
Dear Si	r or Madam:							
The end	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for file	ing.				
Please r	return all correspondence concerning th	is matter to the	following:					
Erika	Jackson							
	Name of Person							
	Firm/Company							
13043	3 53rd Ct N							
	Address							
Royal	Palm Beach, FL 33411							
	City/State and Zip Code							
jacksc	onconcrete@yahoo.com			<u> </u>				
E-	-mail address: (to be used for future and	nual report notif	fication)	高雪工				
For furt	ther information concerning this matter	, please call:		TALLAL SECTION				
Erika	Jackson	561 at (389-3186	FEG. PI				
-	Name of Person	<u> </u>	Area Code & Daytime To	elephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following	g amount:						
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified C	ору				
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.

I. Na	ame of the limited liability company: Jackson Prair	ie, LL(
2. (a)	13043 53rd Ct N	(b) 13043 53rd Ct N		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (·, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Royal Palm Beach, FL 33411		R	oyal Palm Beach, FL 33411
		_		
	8/24/16		L16	6000158394
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Kitroser & Associates			
	Registered Agent and Registered Office shown on the records of the 631 US Hwy 1 Registered Office Address (MUST BE FLORIDA STREET A			nt. of State:
	North Palm Beach , FL	33408		
(b)	Erika Jackson			
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	dress	MR 13 PM 4: 07 CORETAIN OF STATE CHARLES FLERIOUS
	NEW Registered Office Address:			
	13043 53rd Ct N			
	Royal Palm Beach , FL	33411		
the char agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co the lim	stere ompa nited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Sionet	ure of a member or authorized representative of a member			Michael Tackson Printed or typed name of signee
I heret provision the obli to mere notified	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have in a change in the registered office address, I have in writing of this change.	ee to aci perform for in (ereby c	t in th ance Chap onfir	· · · · · · · · · · · · · · · · · · ·