L160001333249

(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:	
* 1	
NO\$	
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Office Use Only



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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
Jody Young LLC	
SUBJECT: Nar	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
·	
Please return all correspondence concerning th	is matter to the following.
Jody Young	
Name of Person	
Jody Young LLC	
Firm/Company	
711 Forest Club Drive Apartment 605	
Address	
Wellington FL 33414	
City/State and Zip Code	
jody_r_young@att.net	₽
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	, please call:
Jody Young	561 704-3912 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the State

2. (a)			
()	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability con
	711 Forest Club Drive		(Note: MAY BE POST OFFICE b 711 Forest Club Drive Apt. 605
	Арт. 605	- <u> </u>	Wellington, FL 33414
	Wellington		L16000233249
3. 5. (a)	Date of filing/registration in Florida Jody Young	4.	Document number
, (u)	Registered Agent and Registered Office shown on the record Joxly Young LLC	rds of the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STR 1245 Mystic Way	EET ADDRESS	•
	Wellington .	, FL ³³⁴¹⁴	SECRETAR TALLAHA
(b) _			
,	Enter name of NEW Registered Agent and/or NEW Registered Agent	tered Office add	OF STATE
	NEW Registered Office Address:	·	
	711 Forest Club Drive Apt. 605		
	Wellington	FL 33414	
ent wi is/were articl	nited liability company is not organized under the or changes are made, the Florida street address of II be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of organization or the operating agreement of the organization or authorized representative of a member	d liability con rs of the limit the limited lia	office and the business office of the registed pany, it is hereby confirmed that the change ded liability company or as otherwise provide this company.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00