

L1700007183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

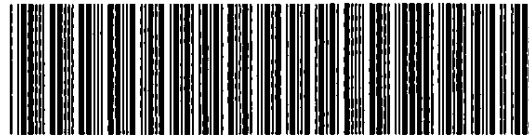
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000298519950

04/27/17--01029--026 **55.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 27 PM 2:44

APR 28 2017
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jackson Masonry 17 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:

Dorothy E Jackson
Name of Person

Jackson Masonry
Firm/Company

12 Cedar Tree Dr
Address

Ocala, FL 34472
City/State and Zip Code

jacksonmasonry@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothy Jackson at (352) 804-3178
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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 27 PM 2:44

**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: Jackson Masonry LLC

2. (a) 12 Cedar Tree Dr (b) 12 Cedar Tree Dr

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Ocala, FL
34472

Ocala, FL
34472

3. 01/23/2017 Date of filing/registration in Florida 4. L17000017183 Document number

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

12 Cedar Tree Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ocala, FL 34472

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

Malachi Jackson Dorothy Jackson
NEW Registered Office Address:

12 Cedar Tree Dr
Ocala, FL 34472

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.

Dorothy E Jackson
Signature of a member or authorized representative of a member

Dorothy E Jackson
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.

Dorothy E Jackson
Signature of Registered Agent

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