

L17000032458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

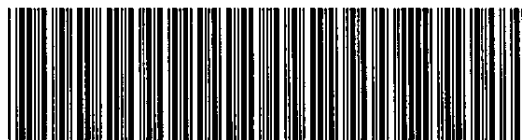
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200295532012

200295532012  
02/21/17--01022--007 \*\*25.00

SECRETARY OF STATE  
TAMPA, FLORIDA

FEB 21 P 4:52

FILED

S Warren

FEB 21 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JARMAX, "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:

JAMES COTTER

Name of Person

JARMAX, "LLC"

Firm/Company

W6165 Aerotech Drive

Address

Appleton, WI 54914

City/State and Zip Code

catalystgrpww@yahoo.com

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

For further information concerning this matter, please call:

JAMES COTTER

Name of Person

at ( 920 ) 475-3995

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: JARMAX "LLC"

2. (a) 1263 W. WASHINGTON BLVD NE (b) W6165 Aerotech Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

LAKE PLACID, FL 33852

APPLETON, WI 54914

3. 02-09-2017  
Date of filing/registration in Florida

4. L1700003 2458  
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1267 W. WASHINGTON BLVD NE  
PLACID LAKES, FL 33852

old - wrong

(b) NO change of registered Agent  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1263 W. WASHINGTON BLVD NE  
LAKE PLACID, FL 33852

New correct

FILED  
17 FEB 21 P 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

James Cotter  
Signature of a member or authorized representative of a member

JAMES COTTER  
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.

James Cotter  
Signature of Registered Agent