

L17000037495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

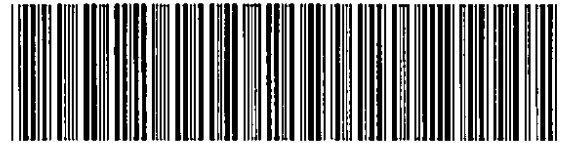
(Business Entity Name)

(Document Number)

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18 JAN -2 PM 12:15
CLERK OF COURT
JANUARY 2, 2018
TALLAHASSEE, FLORIDA

S. WARREN

JAN 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2017

IZABELA LACHOWICZ
1746 WISTERIA ST
WELLINGTON, FL 33414

SUBJECT: J.O.D. INTERNATIONAL, LLC
Ref. Number: L17000037495

We have received your document for J.O.D. INTERNATIONAL, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00024879

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.O.D. INTERNATIONAL, 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:

IZABELA LACHOWICZ

Name of Person

JOD INTERNATIONAL, LLC

Firm/Company

1746 WISTERIA ST

Address

WELLINGTON, FL 33414

City/State and Zip Code

usa.izabela@gmail.com

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

For further information concerning this matter, please call:

IZABELA LACZOWICZ at (305) 310-7046
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

**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: J.O.D. INTERNATIONAL, LLC
2. (a) 1746 WISTERIA ST
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
WELLINGTON
FLORIDA, 33414
- (b) 1746 WISTERIA ST
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
WELLINGTON
FLORIDA, 33414
3. 02/16/2017
Date of filing/registration in Florida
4. L17000037495
Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CONTRA RISK-CONSULTING, LLC
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2075 ALLIANCE AVE
NORTH PORT, FL 34286
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
IZABELA LACHOWICZ
NEW Registered Office Address:
1746 WISTERIA ST
WELLINGTON, FL 33414

FILED
18 JAN - 2 PM 12:15
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.

IZABELA LACHOWICZ
Signature of a member or authorized representative of a member

IZABELA LACHOWICZ
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.

IZABELA LACHOWICZ
Signature of Registered Agent