

L17000052750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

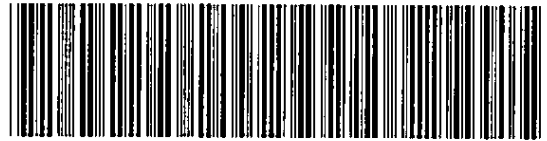
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNNY EARL JONES, 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:

Johnny Jones

Name of Person

JOHNNY EARL JONES, LLC

Firm/Company

1601 DUNN AVE APT 501

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

herukhuti5@outlook.com

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

For further information concerning this matter, please call:

Johnny Jones

Name of Person

at (330) 509-2018

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2019

JOHNNY JONES
1601 DUNN AVE APT 702
JACKSONVILLE, FL 32218

SUBJECT: JOHNNY EARL JONES, LLC
Ref. Number: L17000052750

We have received your document for JOHNNY EARL JONES, LLC and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 619A00013184

**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: JOHNNY EARL JONES, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company. Mailing address of limited liability company.
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1601 DUNN AVE APT 501

1601 DUNN AVE APT 501

JACKSONVILLE, FL 32218

JACKSONVILLE, FL 32218

March 7, 2017

L17000052750

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) JOHNNY JONES

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1601 DUNN AVE APT 702

JACKSONVILLE, FL 32218

(b) JOHNNY JONES

Enter name of NEW Registered Agent and/or NEW Registered Office address.

NEW Registered Office Address

1601 DUNN AVE APT 501

JACKSONVILLE, FL 32218

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.

Johnny Jones

Signature of a member or authorized representative of a member

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.

Johnny Jones
Signature of Registered Agent