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## **COVER LETTER**

TO: Registration Section Division of Corporations					
JT Davis LLC.					
Name 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	nis matter to the following:				
Todd Davis					
Name of Person	<del></del>				
JT Davis LLC.					
Firm/Company					
1721 Seneca Blvd.					
Address					
Winter Springs, FI 32708					
City/State and Zip Code					
jtdavisllc@gmail.com					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:				
Todd Davis	407 4960944				
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	g amount:				
<b>☑</b> \$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. N	ame of the limited liability company: JT Davis LL	₋C.			
2. (a)	1721 Sanaca Blvd	(b)	1721 Seneca Blvd.		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_		of limited liability c BE POST OFFICE	
	Winter Springs, FI 32708		Winter Springs, FI 3	2708	
	8/24/2017		L17000179	1768	. <b></b>
3.	Date of filing/registration in Florida	4.	Document nu	ımber	
5. (a	Todd E Davis				
·	Registered Agent and Registered Office shown on the records 1721 Seneca Blvd.	of the Florida D	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		4	
				ALL ALL	<b>.</b> -
	Winter Springs	FL_32708		SEP 2	
(b)	Todd E Davis			୍ଲ <u>ଲ</u> ୁ ଅ	
, ,	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	ess:	PH 12: 4	g e / gushtmag
	1173 Swallow Dr.				ं १ रक्षा है
	NEW Registered Office Address:				
	suite 335				
	Winter Springs	<sub>FL</sub> 32708			
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member ticles of organization or the operating agreement of the control o	laws of the S of the registe liability comes of the limite he limited lia	ered office and the busing spany, it is hereby confi and liability company or	ness office of th irmed that the cl	e registered ange(s)
Sign	ature of a member or authorized representative of a member		Printed or type	d name of signee	
provis the ob- to men notifie	why accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi- rely reflect a change in the registered office address, and in writing of this change.	agree to act in ele performan ided for in Ch I hereby con	this capacity. I furthe ice of my duties, and Lo apter 605, F.S. Or, if t firm that the limited lia	er agree to comp am familiar with this document is ubility company	ply with the and accept being filed has been