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(Address) (Address) (City/State/Zip/Phone #)							
							(Business Entity Name)
(Document Number)							
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Force 911, LLC Name of Limited Liability Company SUBJECT:

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:

John Collins Force all LLC Firm/Company 5075 Peachtree Pkwy # 107-168 Address NOVENDES, GA 30093 City/State and Zip Code John@ jwcoiling.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Collins at (9770) 639-3934 Area Code & Daytime Telephone Number

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

**Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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.

		[	$\alpha \alpha \mu$	1 (	C		
1.	Na	une of the limited liability company:		$-\mu$			<u></u> .
2.	(a)	1731 N. Fletcher Avenue	(b)	50	75 Peachtr	25	PENy
		Principal office address of limited liability company:			ailing address of limited li (Note: MAY BE POST O		
		( <u>Note: MUST BE STREET ADDRESS</u> )					<u>,                                    </u>
		Fernandina Brach, FL 320	234		2 107-168		
				N	Lovinuss, G	<u>5</u> .A-	30092
				1 4	-		_
		9 - 28 - 2017 Date of filing/registration in Florida			1000203	52	7
3.			4.	D	ocument number		
5.	(a)	John W. Collins					
		Registered Agent and Registered Office shown on the records of th	ie Florida Dept.	of State:			
		1331 N. Fletcher Ave:	nue	<u> </u>			
		Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>				
		Fernandina Beach, FL	3203-	4			
				<u> </u>	0 11	202	
	(b)	Stacje Starline			AC.	025 JAN 16	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	)ffice address:		て で で	N	
		1731 N. Fletcher A	NO NUS		HXX	16	
		NEW Registered Office Address:	renne		AHASSEE.	PH	
		. <u></u> Negliki el titte de an			τι .	?	0
					FL	_	
		Fernandina Beach FL	3203		i11		
15		imited liability company is not organized under the laws	of the State (	of Florid	a it is hereby confirm	ed tha	t after the
che	inoe	or changes are made, the Florida street address of the re	egistered offu	ce and th	ie business office of th	ic regu	sterea
wa	s/wr	will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the	the limited lia	ability co	ompany or as otherwis	se prov	rided in
the	arti	cles of organization or the operating agreement of the lin	mited liability	y compa	ny.	•	
		ure of a/incluber or authorized representative of a member		pril	Darwrck		
	-	are of similarios of admonted representative of a memory					e with the
1 1	eren	y accept the appointment as registered agent and agree	rtormance o	f my duti	ies and I am familiar	with c	ind accept

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.

Signature of Registered Agent -

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

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