

L17000 213 064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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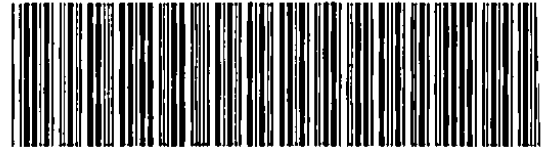
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAN SOMMERS ASSOCIATES, 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:

JAN SOMMERS GALLANT  
Name of Person

JAN SOMMERS ASSOCIATES, LLC  
Firm/Company

9259 VISTA DEL LAGO 18C  
Address

BOCA RATON FL 33428  
City/State and Zip Code

JAN. SOMMERS@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAN S. GALLANT at (917) 375 5688  
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 AGENT OR REGISTERED OFFICE OF A 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 Florida.

1. Name of the limited liability company: JAN SOMMERS ASSOCIATES

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE**)

9259 VISTA DEL LAGO 18C

BOCA RATON FL 33428

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, LNC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAN BLVD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 36  
ORLANDO, FL 32822

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

JAN S. GALLANT

**NEW Registered Office Address:**

9259 VISTA DEL LAGO 18C

BOCA RATON, FL 33428

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change 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.

Jan Sommers Gallant  
Signature of a member or authorized representative of a member

JAN S GALLANT  
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 all 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.

Jan Sommers Gallant  
Signature of Registered Agent