## L17000251005

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October 17, 2024

WALTER THOMAS 2459 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: LJ FISH ON 2, LLC Ref. Number: L17000251005

We have received your document for LJ FISH ON 2, LLC and your check(s) totaling \$2485.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Wanite A Mills Regulatory Specialist II

Letter Number: 924A00022998

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## COVER LETTER

TO: Registration Section Division of Corporations				
LJ FISH ON 2, LLC SUBJECT:				
	Name of Limited I	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Regis	tered Office Change and	I fee(s) are submitted for filing.		
Please return all correspondence conc	erning this matter to the	following:		
Walter Thomas				
Name of Pers	on			
Walter Thomas, P.A.				
Firm/Compar	ıy			
2549 Ryland Falls Srive			2024 377	<u> </u>
Address			2024 NOV -5	772
Lakeland, Florida 33811				#27E
City/State and Zi	p Code		OF STA	
walter@walterthomaspa.com				- -
E-mail address: (to be used for t	uture annual report noti	fication)	• - :	
For further information concerning th	is matter, please call:			
Walter Thomas	863 at (	940-4855		
Name of Person		Area Code & Daytime Telephone	2 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 Tallahassee, FL 32303	810	
Enclosed is a check for the f	following amount:			
■ \$25 Filing Fee		555 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

L N	ame of the limited liability company: LJ FISH ON 2, 1.	1.C					
2. (a)	2925 MALL HILL DR		2925 MALE HILL DR				
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS		-	
	LAKELAND, FL 33810		LAKELA	ND, FL 33810			
	12/07/2017		L170002510	005			
3. 5. (a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.		Document number			<del>-</del> -
5. (a)	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Flor	ida Dept. of Stat	Le:		2	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	<u>SS)</u>	- -	407 • C7 • C7	- AON 1202	T
	Lakeland, FI	33813		- ア コ エ - ぴ	E NATION ST	5	
(b)	WALTER THOMAS, P.A.			ر. م	가 당 당	PM 3	M
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:			<u>ဒ</u> .	
	2549 Ryland Falls Drive						
	NEW Registered Office Address:			_			
	Lakeland FL	33811		_			
change agent v was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited his ere authorized by an affirmative vote of the members of icles of organization or the aperating agreement of the	registe ability of the li limited	ered office and company, it is imited liability	d the business office s hereby confirmed the y company or as other npany.	of th hat th	ne regi: ne char	stered ige(s)
Signa	nure of a mention or authorized concentrative of a member	_		Printed or typed name of	əl sigr	iec	
provis. the ob- to mer	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It d in writing of this change.	rec to a perfori d for in hereby	et in this cape mance of my o Chapter 605 confirm that i	acity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	e to c lliar umer ompe	omply with a ot is be any ha	with the nd accept ring filed s been
Signati	ne of Registered Agent						