

**L17000258893**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

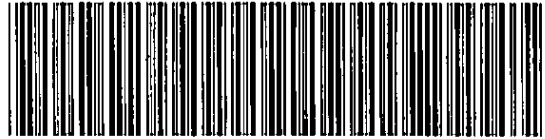
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/22/18--01016--012 \*\*25.00

2018 OCT 22 PM 8:00

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10/31/18 QS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JACLYN LANGHOLZ GRAHAM 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:

JACLYN A LANGHOLZ  
Name of Person

JACLYN LANGHOLZ GRAHAM LLC  
Firm/Company

3208 W Santiago St Unit 1  
Address

Tampa, FL 33629  
City/State and Zip Code

JALANGHOLZ@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaclyn A Langholz at ( 712 ) 523-1296  
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

FILED  
JAN 22 8:00  
A

**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: JACLYN LANGHOLTZ GRAHAM LLC

2. (a) 3208 W Santiago St (b) 3208 W Santiago St  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Unit 1  
Tampa, FL 33629

Unit 1  
Tampa, FL 33629

3. 12/20/2017 4. L17000258893  
Date of filing/registration in Florida Document number

5. (a) Jaclyn A Langholtz  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14502 North Dale Mabry Hwy  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 301  
Tampa, FL 33618

(b) Jaclyn A Langholtz  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3208 W Santiago St  
**NEW Registered Office Address:**

Unit 1  
Tampa, FL 33629

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.

[Signature]  
Signature of a member or authorized representative of a member

Jaclyn A Langholtz  
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.

[Signature]  
Signature of Registered Agent