

LIB 0000 39540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

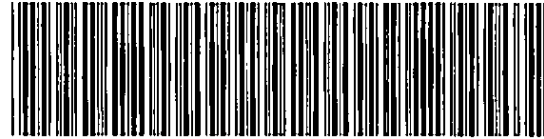
(Business Entity Name)

(Document Number)

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

2018 NOV 15 AM 9:34

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LIB 11-15-18  
wrong



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2018

John A. Youmans  
700 Cinnamon Rd.  
N. Palm Beach, FL 33408

SUBJECT: SANDBAR CONSULTING GROUP L.L.C.  
Ref. Number: L18000039540

We have received your document for SANDBAR CONSULTING GROUP L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall  
Bureau Chief

Letter Number: 118A00022536

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sandbar Consulting Group 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:

John A. Youmans  
Name of Person

Firm/Company

700 Cinnamon Rd  
Address

North Palm Beach, FL 33408  
City/State and Zip Code

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

For further information concerning this matter, please call:

John Youmans at (561) 222-3181  
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

☒ on account

**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: Sandbar Consulting Group LLC

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

700 Cinnamon Rd. Same  
North Palm Beach, FL 33408

3. 2/13/18 4. L 18000039540  
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
195 Azalea St.  
Tavernier, FL 33070

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

**NEW Registered Office Address:**  
700 Cinnamon Rd.  
North Palm Beach, FL 33408

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

John A. Youmans  
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 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

2018 NOV 15 AM 9:34  
TALLAHASSEE  
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SECRETARY OF STATE  
TALLAHASSEE, FL