

L18000046059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

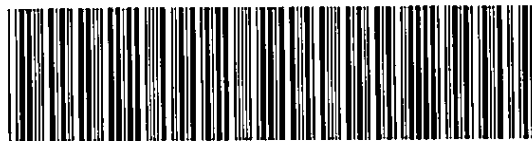
(Business Entity Name)

(Document Number)

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JUL 31 2019

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J & A Mobile Auto Repair  
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:

April Casey  
Name of Person

J & A Mobile Auto Repair  
Firm/Company

20668 Brenda Ter (PO Box 174)  
Address

McIntosh, FL, 32664  
City/State and Zip Code

j.a. mobile repair@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Casey at ( 413 ) 221 1916  
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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2019

APRIL CASEY  
J & A MOBILE AUTO REPAIR LLC  
PO BOX 174  
MCINTOSH, FL 32664

SUBJECT: J & A MOBILE AUTO REPAIR LLC  
Ref. Number: L18000046059

We have received your document for J & A MOBILE AUTO REPAIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have 1 registered agent so please delete the one who did not sign the acceptance statement. The Registered Agent cannot have a PO Box listed as an address so please remove that from the registered agent information.

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

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

Diane Cushing  
Senior Section Administrator

Letter Number: 619A00011557

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2019 JUL 25 PM 2:11

SUBMIT  
TALLAHASSEE

**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: J & A MOBILE AUTO REPAIR LLC

2. (a) 11 SW 2ND AVE (b) P.O. BOX 174

Principal office address of limited liability company.

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

OCALA, FL 34471

MCINTOSH, FL 32664

02/20/2018

L18000046059

3. Date of filing/registration in Florida

4. Document number

5. (a) LEGALINC CORPORATE SERVICES INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 400

FORT MYERS, FL 33907

(b) APRIL CASEY

Enter name of NEW Registered Agent and/or NEW Registered Office address:

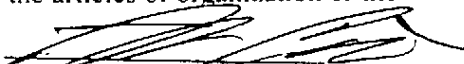
20668 BRENDA TER

NEW Registered Office Address:

MCINTOSH, FL 32664

FILED  
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DIVISION OF CORPORATIONS  
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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 of a member or authorized representative of a member

APRIL CASEY, OWNER

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 of Registered Agent