

118000058248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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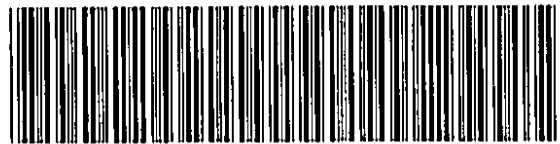
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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AUG 08 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2018

JAN M. CASTRO  
1701 10TH STREET  
ST. CLOUD, FL 34769

SUBJECT: JAN'S TREASURE CHEST AND JUNQUE LLC  
Ref. Number: L18000058248

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We have received your document for JAN'S TREASURE CHEST AND JUNQUE 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):

Please indicate your changes on 5b of the form.

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) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 418A00015026

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REMOVE NAME OF MGR: CORRECT ZIP CODE  
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:

CASTRO, JAN M

Name of Person

JAN'S TREASURE CHEST AND JUNQUE LLC

Firm/Company

1701 10TH STREET

Address

ST. CLOUD ,FL 34769

City/State and Zip Code

CASTRO\_JAN@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAN CASTRO at ( 407 ) 922-3287  
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

INHS18 (2/14)

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TALLAHASSEE FLORIDA

**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: JAN'S TREASURE CHEST AND JUNQUE LLC
2. (a) 1701 10TH STREET, ST CLOUD FL 34769 (b) 1701 10TH STREET, ST CLOUD FL 3476
- Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 03/12/2018 Date of filing/registration in Florida 4. L18000058248 Document number

5. (a) CASTRO, JAN M  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3820 KISSIMMEE PARK ROAD, ST CLOUD FL 34772  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Jan M. Castro  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1701 10th St.

NEW Registered Office Address:

St Cloud, FL 34769

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.

Jan M. Castro  
Signature of a member or authorized representative of a member

CASTRO JAN M

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.*

Jan M. Castro  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00