

L18 000 277 077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

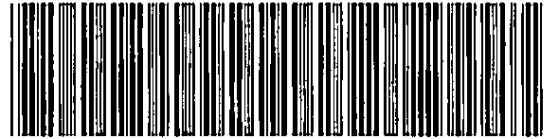
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SECRETARY OF STATE
TALLAHASSEE, FL

3/3/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 FEB 10 2:07

February 10, 2021

CHRISTINA PASSANISI
1772 COMMODORE PLACE
PALM CITY, FL 34990

SUBJECT: JACKSONISI INVESTMENTS LLC
Ref. Number: L18000277077

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 821A00003025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacksonisi Investments, 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:

Christina Passanisi
Name of Person

Jacksonisi Investments, LLC
Firm/Company

1772 Commodore Place
Address

Palm City, FL 34990
City/State and Zip Code

christina @ kwik closetitle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Passanisi at (561) 542-7627
Name of Person Area Code & Daytime Telephone 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 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Jacksonisi Investments

2. (a) 1772 Commodore Place (b) 1772 Commodore Place

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. 11/30/2018 4. L18000277077
Date of filing/registration in Florida Document number

5. (a) Christina Passanisi
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4931 NW 5TH TERRACE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL 33431

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

1772 SW Commodore place
NEW Registered Office Address:

Palm city FL 34990

_____, FL _____

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.

CPK
Signature of a member or authorized representative of a member

Christina Passanisi
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.

CPK
Signature of Registered Agent

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TALLAHASSEE, FL