

L19000015039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

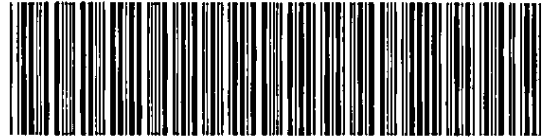
(Business Entity Name)

(Document Number)

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2019 FEB - 11 P 1:50  
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FEB 11 2019

T. LEMIEUX

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Donna Shield  
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:

Donna Shield  
Name of Person

J.D. Nealy's LLC  
Firm/Company

291 NW 179 Terrace  
Address

Miami FL 33169  
City/State and Zip Code

donnashield49@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Shield at (305) 469 0871  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2019

DONNA SHIELD  
291 NW 179 TERR  
MIAMI, FL 33169

SUBJECT: JD NEALY'S LLC  
Ref. Number: L19000015039

We have received your document for JD NEALY'S 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 319A00001761

RECEIVED  
2019 FEB -6 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: ~~LegalZoom~~ J.D. Nealy's LLC

2. (a) 291 NW 179 TERR MIAMI FL 33169  
Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)  
(b) \_\_\_\_\_  
Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)

3. 1-10-2019 Date of filing/registration in Florida  
4. 54311958 Document number

5. (a) United Corporation inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 Winding Rd Oak Grove  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tampa  
\_\_\_\_\_, FL FL

(b) Donna Ammarie Shield  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
291 NW 179 TERRICE  
**NEW Registered Office Address**:  
Miami  
\_\_\_\_\_, FL FL

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2019 FEB - 4 P 1:50  
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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]  
Signature of a member or authorized representative of a member

Donna Shield  
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