200 W 571

<u></u>							
(Requestor's Name)							
(Address)							
(Address)							
(Addiess)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



200328065962

04/23/19--01022--007 **25.00



May 2, 2019

KEN BOGGS 1490 SE 54TH PLACE OCALA, FL 34480

SUBJECT: JSANG CAPITAL LLC Ref. Number: L19000061571

We have received your document for JSANG CAPITAL 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 designation of the registered agent must be at a Florida street address.

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.

Letter Number: 119A00008891

Stacy Prather Regulatory Specialist III

COVER LETTER' .

INHS18 (2/14)

TO:	Registration Section Division of Corporations								
CHID II	JSANG CAPITAL LLC								
SUBJECT: Name of Limited Liability Company									
Dear S	ir or Madam:								
The same	alog ad Danistanad Assaul/Danistanad Off	5 Ch	I for a far and for the first						
rne en	closed Registered Agent/Registered Off	nce Change and	rice(s) are submitted for fitting.						
Please	return all correspondence concerning th	nis matter to the	following:						
Ken E	Boggs								
	Name of Person								
	Firm/Company								
1490	SE 54th Place								
	Address		_						
Ocala	a FL 34480								
	City/State and Zip Code		_						
ken.b	oggs@yahoo.com								
E	-mail address: (to be used for future and	nual report noti	fication)						
For fur	ther information concerning this matter	, please call:							
Ken E	Boggs	352	789-4390						
	Name of Person	(<u></u>	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:	М	AILING ADDRESS:						
Division of Corporations D			Registration Section						
		Division of Corporations							
	Clifton Building		O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301	Та	allahassee, Florida 32314						
	Enclosed is a check for the following	g amount:							
	☑ \$25 Filing Fee	□ s	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.

I. Na	ame of the limited liability company: JSANG CAPI	TAL LL	С				
2. (a)	1490 SE 54th Place	(b	1490 SE	54th Place			
- . (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited lia (Note: MAY BE POST O					
	Ocala, FL 34480		Ocala, F	L 34480			
	3/4/2019	_	L1900006	S1571			
3.	Date of filing/registration in Florida	 4.		Document number			
5. (a)	Guy V Worzel						
,, (a)	Registered Agent and Registered Office shown on the records of a 1490 SE 54TH PLACE	:	they.	25			
	Registered Office Address	(DDRESS)	1		ALL WHA	2019 HAY	÷τη
	Ocala .FI.	34480			(A) (A) (A)	₩	
(b)	Ken Boggs Enter name of NEW Registered Agent and/or NEW Registered		ist day.	M 3: 40			
	NEW Registered Office Address:						
	OCA/A .FI.	3	4480	3			
the cha	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cless in a ganization or the operating agreement of the	the regis	tered office	and the business of	fice of t	he reg	istered
	leng		/ Worzel				
-	ure of a member or authorized representative of a member			Printed or typed name of	•		
provision the oblition to mere	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ze to act performa I för in C vereby co	in this cape ince of my c hapter 605, infirm that t	icity. I further agree luties, and I am fam. . F.S. Or, if this doc he limited liability c	e to com iliar wit ument i. company	ply wi h and s heins has b	ih the accept g filed een

Signature of Registered Agent

·. . ·