

L19 000083461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

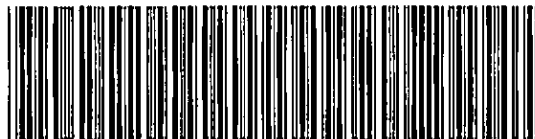
(Business Entity Name)

(Document Number)

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JAN 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jack Knife Properties 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:

James R Stroupe

Name of Person

Jack Knife Properties LLC

Firm/Company

430 N Eden Park Drive

Address

Santa Rosa Beach, Florida 32459

City/State and Zip Code

southernsandsproperties@gmail.com

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

For further information concerning this matter, please call:

James R Stroupe

404 345-4656
at ()

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: Jack Knife Properties LLC

2. (a) 430 N Eden Park Drive
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Santa Rosa Beach, FL 32459

(b) 430 N Eden Park Drive
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Santa Rosa Beach, FL 32459

March 26, 2019

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3. Date of filing/registration in Florida

4. Document number

5. (a) James R Stroupe
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
207 Jack Knife Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Inlet Beach, FL 32461

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

James R Stroupe

NEW Registered Office Address:

430 N Eden Park Drive

Santa Rosa Beach, FL 32459

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.

James R. Stroupe
Signature of a member or authorized representative of a member

James R Stroupe

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.

James R. Stroupe
Signature of Registered Agent