

L19 000 174 308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

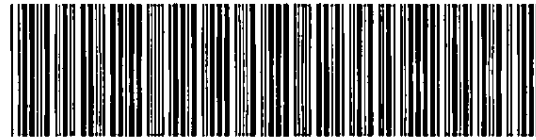
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Jed In, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Libor Jedlicka

\_\_\_\_\_  
Name of Person

Jed In, LLC

\_\_\_\_\_  
Firm/Company

151 Windward Cay

\_\_\_\_\_  
Address

Naples, FL, 34114

\_\_\_\_\_  
City/State and Zip Code

liborjedlicka@me.com

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

For further information concerning this matter, please call:

Libor Jedlicka

239

359 - 4310

\_\_\_\_\_  
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.*

Jed In, LLC

1. Name of the limited liability company: \_\_\_\_\_  
151 Windward Cay, Naples, FL, 34114

2. (a) 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)

07/29/2019

L19000174308

3. Date of filing/registration in Florida \_\_\_\_\_  
Libor Jedlicka,

4. Document number \_\_\_\_\_

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2400 NE 65TH STREET APT. #727

FORT LAUDERDALE 33308  
FL \_\_\_\_\_

Libor Jedlicka

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

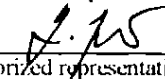
151 Windward Cay, Naples, FL, 34114

NEW Registered Office Address:  
151 Windward Cay

Naples, FL, 34114 34114  
FL \_\_\_\_\_

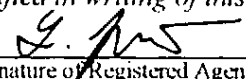
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TALLAHASSEE, FL

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.

Libor Jedlicka   
Signature of a member or authorized representative of a member

LIBOR JEDLICKA  
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.*

  
Signature of Registered Agent