

L19 000 195350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

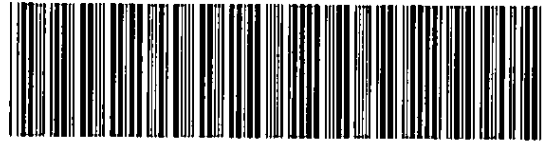
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2010/08/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Pacific Jade

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:

Michael Timmons

Name of Person

Atlantic Pacific Jade

Firm/Company

6255 5th St. SW

Address

Vero Beach, FL 32968

City/State and Zip Code

mbt3@cornell.edu

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

For further information concerning this matter, please call:

Michael Timmons

607-227-5638

Name of Person

at (_____) _____
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: Atlantic Pacific Jade
2. (a) 6255 5th St. SW
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Vero Beach
FL 32968
- (b) 6255 5th St. SW
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Vero Beach
FL 32968
3. July 31, 2019
Date of filing/registration in Florida
4. L19000195350
Document number
5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Tallahassee, FL 32301
- (b) Michael Timmons (self)
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
6255 5th St. SW
NEW Registered Office Address:
Vero Beach, FL 32968

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.

Michael Timmons

Signature of a member or authorized representative of a member

Michael Timmons

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.

Michael Timmons

Signature of Registered Agent