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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

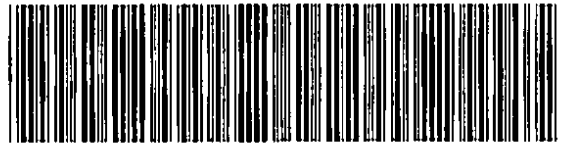
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2022 APR -5 AM 10:59

SECURITY STATE
FALLING OFFICE, FL

4/11/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAC COLEMAN CONSULTING 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:

LOVETTE DOBSON

Name of Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TX, 77064

City/State and Zip Code

EFFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

888 462-3453
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR -5 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FL

March 17, 2022

LOVETTE DOBSON
17350 STATE HIGHWAY 249 #220
HOUSTON, TX 77064

SUBJECT: JAC COLEMAN CONSULTING LLC
Ref. Number: L20000165768

We have received your document for JAC COLEMAN CONSULTING 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 322A00006390

**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: JAC COLEMAN CONSULTING LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
13148 FOXTAIL FERN DRIVE
RIVERVIEW, FL 33579

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
13148 FOXTAIL FERN DRIVE
RIVERVIEW, FL 33579

3. 06/16/2020 Date of filing/registration in Florida

4. 120000165768 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
JOSEPH J COLEMAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13148 FOXTAIL FERN DRIVE
RIVERVIEW, FL 33579

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

LEGALINC CORPORATE SERVICES INC.
NEW Registered Office Address:
5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

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.

Joseph Coleman

Signature of a member or authorized representative of a member

Joseph Coleman

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.

Wesley Selan
Signature of Registered Agent

FILED
2022 APR -5 AM 10:59
SEC. OF STATE
TALLAHASSEE, FL