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J and J Loan Processing, LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

JoAnne Lee

Name of Person

J and J Loan Processing, LLC

Firm/Company

10951 Grove Terrace

Address

Seminole, FL 33772

City/State and Zip Code

jody@jandjloanprocessing.com

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

For further information concerning this matter, please call:

JoAnne Lee

801

726-3970

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: <u>J and J Loan Processing, LLC</u>	
2. (a) <u>10951 Grove Terrace, Seminole FL 33772</u> Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u>	(b) <u>10951 Grove Terrace, Seminole FL 33772</u> Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u>
<u>12/03/2020</u>	<u>120000380669</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>JoAnne Lee</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>JoAnne Lee</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>14534 Yacht Club Blvd</u> <u>Seminole</u> , FL <u>33776</u>	
(b) <u>JoAnne Lee (agent remains same)</u> Enter name of NEW Registered Agent and/or NEW Registered Office address : <u>NEW Registered Office Address:</u> <u>10951 Grove Terrace</u> <u>Seminole</u> , FL <u>33772</u>	

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STATE OF FLORIDA
TALLAHASSEE

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.

JoAnne Lee
Signature of a member or authorized representative of a member

JoAnne Lee
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.

JoAnne Lee
Signature of Registered Agent