| (Requestor's Name)                     |                                    |
|--|------------------------------------|
| (Address)                              |                                    |
| (Address)                              | $ \qquad 0004 14037 900 $          |
| (City/State/Zip/Phone #)               | $= \frac{600414057906}{5.CHATHAN}$ |
|  |                                    |
| (Business Entity Name)                 |                                    |
| (Document Number)                      |                                    |
| rtified Copies Certificates of Status  |                                    |
| pecial Instructions to Filing Officer: |                                    |
|  |                                    |

## COVER LETTER

## TO: Registration Section Division of Corporations

.

J2415, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

r

•••

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick S Grier

Name of Person

J2415, LLC

Firm/Company

PO BOX 16268

Address

Panama City, FL 32406

City/State and Zip Code

pseangrier@gmail.com

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

For further information concerning this matter, please call:

| 850 5960906<br>at ()             |  |
|----------------------------------|--|
| Area Code & Daytime Telephone Nu | mber   |
| Street Address:                  |  |
| Registration Section             |  |
| Division of Corporations         |  |
| The Centre of Tallahassee        |  |
| 2415 N. Monroe Street, Suite 810 | )  |
| Tallahassee, FL 32303            |  |
|                                  |  |
|                                  | at ()<br>Area Code & Daytime Telephone Nu<br><u>Street Address:</u><br>Registration Section<br>Division of Corporations<br>The Centre of Tallahassee<br>2415 N. Monroe Street, Suite 810 |

## Enclosed is a check for the following amount:

■ \$25 Filing Fee

## 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. N             | ame of the limited liability company:  |  |               |  |               |            |              |  |  |  |
|------------------|--|--|---------------|--|---------------|------------|--------------|--|--|--|
| 2. (a)           | 211 HOLLIS AVE   |  |               | ро вох 16268<br>(b)                                    |               |            |              |  |  |  |
| 2. (1)           | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)                           |  | (0)           | Mailing address of limite<br>( <u>Note: MAY BE POS</u> |               |            |              |  |  |  |
|                  |  |  |               | PANAMA CITY FL 32406                                   |               |            |              |  |  |  |
|                  | PANAMA CITY FL 32401   |  |               |  |               |            |              |  |  |  |
|                  | 2/15/21  |  | :             | L21000076053   |               |            |              |  |  |  |
| 3.               | Date of filing/registration in Florida   | 4.   | _             | Document number  |               |            |              |  |  |  |
| 5 (n)            | PATRICK S GRIER  |  |               |  | •             | 202        |              |  |  |  |
| 5. (a)           | Registered Agent and Registered Office shown on the records of   | f the Flo  | rida I        | Dept. of State:  |               | 2023 V. IC |              |  |  |  |
|                  | 3001 W 10TH ST, UNIT 510   |  |               | 5  | • !<br>_•     |            |              |  |  |  |
|                  | Registered Office Address (MUST BE FLORIDA STREET  |  |               | co   | -,            |            |              |  |  |  |
|                  | · · · · · · · · · · · · · · · · · · ·  |  |               |  | •             | - P        | ر ب          |  |  |  |
|                  | BANGAR CUTY  | 22.40  |               |  |               | PH 12: 3   | . 4          |  |  |  |
|                  | PANAMA CITY, F   | 3240<br>L  | 1             |  |               | ယ          |              |  |  |  |
| (b)              | PATRICK S GRIER  |  |               |  | •             | 7          |              |  |  |  |
|                  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Enter name of NEW Registered Agent and/or NEW Registered Office address: |               |  |               |            |              |  |  |  |
|                  | 211 HOLLIS AVE   |  |               |  |               |            |              |  |  |  |
|                  | NEW Registered Office Address:   |  |               |  |               |            |              |  |  |  |
|                  |  |  |               |  |               |            |              |  |  |  |
|                  |  |  |               |  |               |            |              |  |  |  |
|                  | PANAMA CITY, F   | 3240   | 1             |  |               |            |              |  |  |  |
| If the l         | imited liability company is not organized under the la<br>c or changes are made, the Florida street address of the | ws of t  | he S          | State of Florida, it is hereby co                      | nfirr<br>roft | ned that   | it after the |  |  |  |
| agent            | will be identical. Or, in the case of a Florida limited li   | iability   | con           | npany, it is hereby confirmed t                        | that t        | the cha    | nge(s)       |  |  |  |
| was/w<br>the art | ere authorized by an affirmative vote of the members<br>icles of organization or the operating agreement of the    | of the l<br>climite  | limi<br>d fiz | ted liability company or as oth<br>ability company.    | erwi          | ise prov   | rided in     |  |  |  |
|                  | is a signification of the operating agreement of the   |  |               | RICK S GRIER   |               |            |              |  |  |  |
| Signa            | ture of a member or authorized representative of a member  |  |               | Printed or typed name                                  | of sig        | ince       |              |  |  |  |

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

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00