

L21000281207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400368876574

2021 JUL 12 AM 10:30

FILED

07/12/21--01032--009 \$25.00

2021 JUL 12 PM 2:50

Handwritten signature: K. H. Chs.

JUL 13 2021

ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

J2L2 PROPERTIES, LLC

Signature _____

Requested by: SETH

07/12/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

Copy

TO: Registration Section
Division of Corporations

SUBJECT: J2L2 Properties, 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:

Lars A. Letonoff

Name of Person

J2L2 Properties, LLC

Firm/Company

1537 Main Street

Address

Safety Harbor, FL 34695

City/State and Zip Code

lletonoff@aol.com

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

For further information concerning this matter, please call:

Lars A. Letonoff

at (727) 687-1239

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: J2L2 Properties, LLC

2. (a) J2L2 Properties, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1537 Main Street
Safety Harbor, FL 34695

(b) J2L2 Properties, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1537 Main Street
Safety Harbor, FL 34695

6/17/2021

L21000281207

3. Date of filing/registration in Florida 4. Document number

5. (a) Janice P. Letonoff
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
J2L2 Properties, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1537 Main Street

Safety Harbor, FL 34695

(b) Lars A. Letonoff
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

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.

Signature of a member or authorized representative of a member

Lars A. Letonoff

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.

Signature of Registered Agent

FILED
2021 JUL 12 AM 10:30