

121000345773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

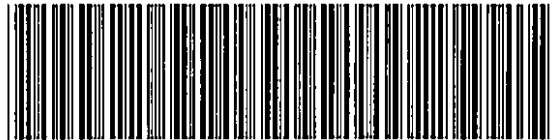
(Business Entity Name)

(Document Number)

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FALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jimmys Screen Service Limited Liability Company
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:

Sherrie Simmons

Name of Person

Jimmys Screen Service Limited Liability Company

Firm/Company

32940 Misty Lane

Address

Deland, Florida 32720

City/State and Zip Code

jamesgood1968@gmail.com

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

For further information concerning this matter, please call:

sherrie simmons 352 702-8066
at () Area Code & Daytime Telephone Number
Name of Person

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: Jimmys Screen Service Limited Liability Company
2. (a) 32940 Misty Ln Deland FL 32720
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 07-29-2021 Date of filing/registration in Florida
4. limited liability company 1.21000345773 Document number
5. (a) James Liverance
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
James Liverance
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
32940 Misty Ln
Deland, FL 32720
- (b) sherrie simmons
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Sherrie Simmons
NEW Registered Office Address:
32940 Misty Ln
Deland, FL 32720

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TALLAHASSEE, 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.

Sherrie A. Simmons
Signature of a member or authorized representative of a member

Sherrie Simmons
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.

Sherrie A. Simmons
Signature of Registered Agent