## L21000500789

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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10/29/24--01008--618 \*\*25.00

LLC RAFRO Change



N 122 2024

## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Joseph C. Gibson Jr. Consulting LLC		
	Nan	e of Limited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ee Change and fee(s) are submitted for fi	ling.
Please	return all correspondence concerning th	s matter to the following:	
Joseph	C. Gibson, Jr.		
	Name of Person		
Joseph	a C. Gibson Jr. Consulting LLC		
	Firm/Company		
4913 C	Calendula Ave.		
	Address		
Middle	burg, F1. 32068		
	City/State and Zip Code		
	cgibsonjr@gmail.com		
E	-mail address: (to be used for future ann	al report notification)	
For fu	rther information concerning this matter.	olease call:	
Joseph	Gibson	at ( 904 ) 894-8274	
	Name of Person	Area Code & Daytime	l'elephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	amount:	
		□ \$55 Filing Fee & Certified	Сору

## 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.

(a)	Joseph C Gibson Jr Consulting LLC	(b)	
(ω)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4913 Calendula Ave.		
	Middleburg, Florida 32068		
	11/22/2021	L2100050	00789
	Date of filing/registration in Florida	4.	Document number
(a)	United States Corporation Agents		E A
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	ate:
	476 Riverside Ave.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Jacksonville P	32202	Document number
(b)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	7901 4th St N		_
	NEW Registered Office Address:		
	STE 300		_
	St. Petersburg, 1	33702	<u></u>
	mited liability company is not organized under the la	ws of the State of I	ice and the business office of the registere
e cha gent w as/we	will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members teles of organization or the operating agreement of the	iability company, it of the limited liabil a limited liability co	is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
e cha ent w as/we e arti	will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members teles of organization or the operating agreement of the limit of	iability company, it of the limited liabil	t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  son, Jr.
e cha ent was/we e arti e artif englat	will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members	iability company, it of the limited liabil c limited liability co Joseph C. Gibs	t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany, son, Jr.  Printed or typed name of signee

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