

L22000062920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DATE 10/26/2022 BY 1043

NOV 28 2022  
S. PRATHI

**COVER LETTER**

**TO:** Registration Section\*  
Division of Corporations

SSJW PARTNERS, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Johnny Walker-Sallot

\_\_\_\_\_  
Name of Person

SSJW PARTNERS, LLC

\_\_\_\_\_  
Firm/Company

17292 Raintree Rd.

\_\_\_\_\_  
Address

Lutz, FL 33558

\_\_\_\_\_  
City/State and Zip Code

ssjwpartners@outlook.com

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

For further information concerning this matter, please call:

Johnny Walker-Sallot

407

848-0168

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2022

SSJW PARTNERS, LLC  
17292 RAINTREE RD  
LUTZ, FL 33558

SUBJECT: SSJW PARTNERS, LLC  
Ref. Number: L22000062920

We have received your document for SSJW PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The registered agent and street address must be consistent wherever it appears in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 722A00020106

*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:

17292 RAINTREE RD. LUTZ, FL 33558

2. (a)

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

02/07/2022

1.22000062920

3.

Date of filing/registration in Florida

4.

Document number

## Johnny Walker

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17292 RAINTREE RD. LUTZ, FL 33558

Registered Office Address

**(MUST BE FLORIDA STREET ADDRESS)**

17292 RAINTREE RD.

LUTZ

33558

FL

## Johnny Walker-Sallot

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

17292 Baytree Rd Lutz, FL 33558

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

Johnny Walker

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