

L22 000093928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

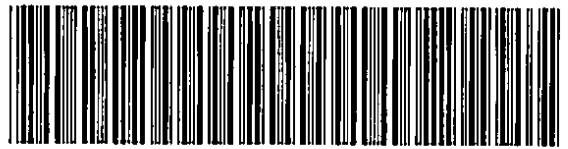
(Business Entity Name)

(Document Number)

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2022 JUN 13 PM 4:27

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JUL 06 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MO JAX MANAGEMENT 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:

RODRIGUEZ ALVARADO Merlin

Name of Person

MO JAX MANAGEMENT LLC

Firm/Company

319 TOWN PLACE SUITE 21

Address

ST AUGUSTINE FL 32092

City/State and Zip Code

mojmanagement@gmail.com

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

For further information concerning this matter, please call:

RODRIGUEZ ALVARADO Merlin

Name of Person

St Augustine 32092 & 06/05/2022 & 786-333-3606
at ()

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

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2022 JUN 13 PM 4:27
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**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: MO JAX MANAGEMENT LLC

2. (a) 319 TOWN PLACE SUITE 21 ST AUGUSTINE FL32092 (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 02/17/2022 Date of filing/registration in Florida 4. 122000093928 Document number

5. (a) GARNIER OLIVIER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

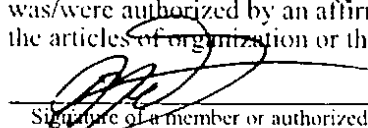
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
319 TOWN PLACE SUITE 21
ST AUGUSTINE, FL 32092

(b) RODRIGUEZ ALVARADO Merlin
Enter name of NEW Registered Agent and/or NEW Registered Office address:

319 W TOWN PLACE SUITE 21 ST AUGUSTINE, FL 32092
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.

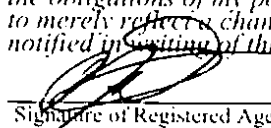


Signature of a member or authorized representative of a member

RODRIGUEZ ALVARADO Merlin

Printed or typed name of signer

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

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TALLAHASSEE, FL
SECRETARY OF STATE



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Detail by Entity Name

Florida Limited Liability Company
MO JAX MANAGEMENT LLC

Filing Information

Document Number	L22000093928
FEI/EIN Number	NONE
Date Filed	02/17/2022
Effective Date	02/16/2022
State	FL
Status	ACTIVE

Principal Address

319 W TOWN PLACE
SUITE 21
ST AUGUSTINE, FL 32092

Mailing Address

319 W TOWN PLACE
SUITE 21
ST AUGUSTINE, FL 32092

Registered Agent Name & Address

GARNIER, OLIVIER
319 W TOWN PL STE 21
ST AUGUSTINE, FL 32092

Authorized Person(s) Detail

Name & Address

Title MGR

RODRIGUEZ ALVARADO, MERLIN
319 W TOWN PLACE SUITE 21
SAINT AUGUSTINE, FL 32092

Title AMBR

Thanks to renewer
GARNIER Olivier