

L22000291673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

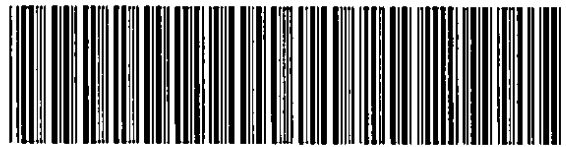
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JUN - 1 2023

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06/02/23--11002--006 \$25.00

FILED
SECRETARY OF STATE
CORPORATION
2023 JUN -2 PM 3:20

RECEIVED
2023 JUN -2 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Universal Trustee Services, LLC
Manager: Jupiter Moon 2000 Trust
Kennedy Foster, Trustee
1036 Dunn Ave Ste 4-271
Jacksonville, FL 32218

May 26, 2023

Entity Name: Universal Trustee Services, LLC
Document Number: L22000291673

Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

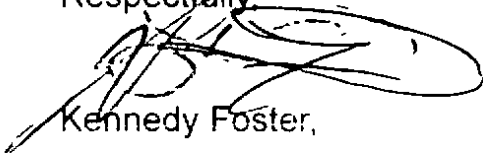
Re: Payment & Voucher

Greetings Tyrone Scott or other Proper Officer:

Enclosed is a check in the amount of \$138.75 for the Annual Report fee. Per your voicemail message received on May 24, 2023, we have enclosed the 2023 Annual Report Payment Voucher as directed. We crossed out the total amount due and replaced it with the \$138.75 Annual Report fee. The word "**SESSION**" has been written on the voucher as you directed.

An additional separate check in the amount of \$25.00 is included for the **Statement of Change of Registered Office** fee. Thank you for your time as your assistance with this process has been greatly appreciated.

Respectfully,



Kennedy Foster,

Phone: 904-615-5790

Email: kclawsearch@gmail.com

INCLUSIONS:

- Annual Report Voucher
- Statement of Change of Registered Office

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE OF REGISTERED ADDRESS FOR UNIVERSAL TRUSTEE SERVICES

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:

KENNEDY FOSTER

Name of Person

Firm/Company

1036 DUNN AVE. SUITE 4-271

Address

JACKSONVILLE, FL 32209

City/State and Zip Code

KCLAWSEARCH@GMAIL.COM

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

For further information concerning this matter, please call:

KENNEDY FOSTER

904

615-5790

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

**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: UNIVERSAL TRUSTEE SERVICES, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>2719 KING COLE DR.,</u> <u>JACKSONVILLE, FL 32209</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>1036 DUNN AVE., SUITE 4-271</u> <u>JACKSONVILLE, FL 32218</u>
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3. <u>JUNE 28, 2022</u> Date of filing/registration in Florida	4. <u>L22000291673</u> Document number
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5. (a) 1102 GROTHE ST., JACKSONVILLE, FL 32209
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
FUMIKO MEDFORD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1102 GROTHE ST
JACKSONVILLE, FL 32208

(b) N/A
Enter name of NEW Registered Agent and/or NEW Registered Office address:
N/A
NEW Registered Office Address:
2719 KING COLE DRIVE
JACKSONVILLE, FL 32209

FILED
SECRETARY OF STATE
2023 JUN -2 PM 3:20

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	KENNEDY FOSTER, FBO. JUPITER MOON 2000 TRUST _____ Printed or typed name of signer
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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