

L22000501967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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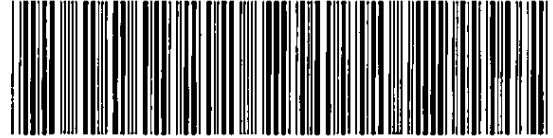
(Business Entity Name)

(Document Number)

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2023 AUG 18 AM 8:30
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JANET F. HART

A. RAMSEY

SEP 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JADE MEADOWS EQUINE TRAINING AND SERVICES, 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:

DONNA M. LESPIER
Name of Person

Firm/Company

P.O. Box 701983
Address

SAINT CLOUD, FL 34770
City/State and Zip Code

jademeadows@equinec.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA M. LESPIER at (407) 701-7234
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

August 18, 2023

DONNA M. LESPIER
P.O. BOX 701983
SAINT CLOUD, FL 34770

SUBJECT: JADE MEADOWS EQUINE TRAINING AND SERVICES, LLC
Ref. Number: L22000501967

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received your registered agent change with a copy of the front of your check. The document has not been processed yet. If you are able to go ahead and send me a copy of the front and back of the check I can go ahead and process the document. I need the validation numbers from the back of the check in order to process the 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) 245-6050.

Annette Ramsey
OPS

Letter Number: 023A00019077

**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: JADE MEADOWS EQUINE TRAINING AND SERVICES LLC

2. (a) 2788 RUBY ROSE LANE

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2788 RUBY ROSE LANE
SAINT CLOUD, FL 34771

(b) PO BOX 701983

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO BOX 701983
SAINT CLOUD, FL 34770

3. 11/29/2022 EFFECTIVE DATE 01/01/2023

Date of filing/registration in Florida

4. L22000501967

Document number

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

DARLENE D. WILKES

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2788 RUBY ROSE LANE
SAINT CLOUD, FL 34771, FL. 34771

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

DONNA M. LESPIER

NEW Registered Office Address:

1126 North Blvd. E.
Leesburg, FL. 34748

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.

Darlene D. Wilkes
Signature of a member or authorized representative of a member

DARLENE D. WILKES
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.

Donna M. Lespier
Signature of Registered Agent

FILED
2023 AUG 18 AM 8:30
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA