

L24 000 106 198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

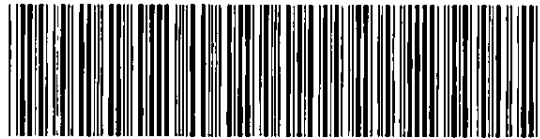
(Business Entity Name)

(Document Number)

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FILED
2024 SEP 24 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FL
2024 SEP 24 PM 11:24
ALAN HOSKINS, CLERK

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 652295 8463162

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : September 19, 2024

ORDER TIME : 9:44 AM

ORDER NO. : 652295-001

CUSTOMER NO: 8463162

2024 SEP 24 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FL 32301

CHANGE OF AGENT

NAME: JOHN C. HOOD PLLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHN C. HOOD PLLC

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:

John C. Hood

Name of Person

John C. Hood PLLC

Firm/Company

1234 Baypoint Ct

Address

Longwood, FL 32750

City/State and Zip Code

john@johnchood.com

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

2024 SEP 24 PM 11:27
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

John C. Hood

at (407)

504-0195

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: JOHN C. HOOD PLLC
2. (a) 1234 Baypoint Ct
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Longwood, FL 32750
- (b) 1234 Baypoint Ct
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Longwood, FL 32750
3. 02/29/2024
Date of filing/registration in Florida
4. L24000106198
Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
John C Hood
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1234 Baypoint Ct
Longwood, FL 32750
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

2024 SEP 24 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, 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.

John C. Hood

Signature of a member or authorized representative of a member

John C Hood

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.

Shauna Godbolt

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

652295-1