

L24 00042 0465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

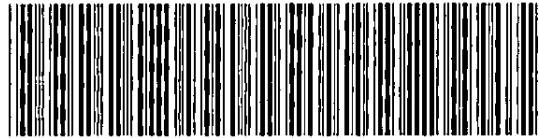
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

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11/06/24 10:10:00 4425.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

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CERTIFIED COPY \_\_\_\_\_

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ILC Amend

1. JP JOHNS CONSULTING LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Corrected*

November 7, 2024

CORPORATE ACCESS

SUBJECT: JP JOHNS CONSULTING LLC  
Ref. Number: L24000420465

We have received your document for JP JOHNS CONSULTING 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):

In part (b) list the City.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 024A00024486

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FILE  
701  
FLORIDA

**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: JP JOHNS CONSULTING LLC

2. (a) \_\_\_\_\_ (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. \_\_\_\_\_ 4. L24000420465  
Date of filing/registration in Florida Document number

5. (a) JOSEPHINE JOHNS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
205 50TH AVE PLAZA EAST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
FORT LAUDERDALE, FL 33301

(b) JOSEPHINE JOHNS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
205 50TH AVE PLAZA EAST  
FORT LAUDERDALE, FL 34203

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.

/S/ Josephine Johns

Josephine Johns

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
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.*

/S/ Josephine Johns

\_\_\_\_\_  
Signature of Registered Agent

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