

#M14000006874

(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:

Office Use Only



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06/08/15--01013--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2015 JUN 18 PM 4:58

FILED

K. SALY
EXAMINER
JUN 18 2015



RECEIVED

JUN 18 PM 3:44

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2015

DOUBLE EDGE CONSULTING LLC
JOSEPH G POWLESS
2924 WINDRIDGE DR.
HOLIDAY, FL 34691

SUBJECT: DOUBLE EDGE CONSULTING LLC
Ref. Number: M14000006874

We have received your document for DOUBLE EDGE 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 715A00012103

Proper paperwork is now enclosed

Please use \$25.00 check that you have

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JGP Consulting LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Powless
Name of Person

Double Edge Consulting
Firm/Company

2924 Windridge Dr
Address

Holiday, FL 34691
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph Powless at (520) 282 3162
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Double Edge Consulting LLC
2. The Florida document number of this limited liability company is: M14000006874
3. Jurisdiction of its organization: New York
4. Date authorized to do business in Florida: 9/23/14

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

2924 Windridge Dr

Enter Florida Street Address

Holiday

City

Florida

34691

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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SUNSHINE STATE
HALL COUNTY CLERK

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Joseph Powless</u>	<u>601 Rosery Rd #1003</u>	<input type="checkbox"/> Add
		<u>Largo FL 33770</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Joseph Powless</u>	<u>2924 Windridar Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Holiday FL 34691</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

2005 JUN 28 PM 4:58
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CLERK OF COURT
JALAN SE
CHAMBERLAIN

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Joseph G Powless
Signature of the authorized representative
Joseph G Powless
Typed or printed name of signee

Filing Fee: \$25.00