

M16 000002107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

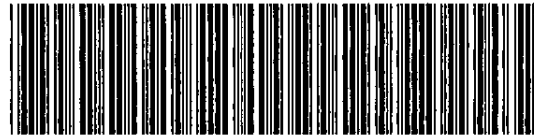
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800297361808

04/10/17--01021--001 **25.00

17 APR 10 PM 6:55
CLERK OF COURT
ALABAMA, FLORIDA

APR 11 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jimmie Allen Management, 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:

Dawn Guidry

Name of Person

Jimmie Allen Management, LLC

Firm/Company

PO Box 150274

Address

Cape Coral, Florida 33915

City/State and Zip Code

jimmieallenmanagement@gmail.com

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

For further information concerning this matter, please call:

Dawn Guidry at (810) 922-4514
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

☐ \$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: Jimmie Allen Management, LLC

2. (a) _____ (b) PO Box 150274
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Cape Coral, Florida 33915

3. 03/11/2016 4. M16000002107
Date of filing/registration in Florida Document number

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

505 SE 8th Place
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Cape Coral, FL 33990

(b) Bruce Vanderlaan
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2029 Bayside Parkway
NEW Registered Office Address:

Fort Myers, FL 33901

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.

Dawn M. Guidry
Signature of a member or authorized representative of a member

DAWN M. GUIDRY
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.

Bruce Vanderlaan
Signature of Registered Agent