

M17000002302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/05/18--01025--001 **25.00

FILED
18 MAR -5 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CSC – NCH – IFF

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
5605 Riggins Court Suite 200
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Friday, February 23, 2018

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Change of Registered Agent

For **ALLTHEWAYWJRA LLC**

We have included payment in the amount of \$25.00 for the following fees:

- Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department
5605 Riggins Court Suite 200
Reno NV 89502
Attn: Judi Anguiano

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLTHEWAYWJRA 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:

Judi Anguiano
Name of Person

Nevada Corporate Headquarters
Firm/Company

5605 Riggins Court, Ste 200
Address

Reno, NV 89502
City/State and Zip Code

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

For further information concerning this matter, please call:

Judi Anguiano at (800) 542-2077
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: ALLTHEWAYWJRA LLC
2. (a) 2708 E. 99th AVE. (b) P.O. BOX 7683
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
TAMPA, FL. 33612 US TAMPA, FL. 33673

3. 03/16/2017 Date of filing/registration in Florida 4. M17000002302 Document number

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

1200 SOUTH PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

- (b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr.

NEW Registered Office Address:

STE 150A

Tampa, FL 33607

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.

Jeff R. Alexander
Signature of member or authorized representative of a member

JEFF R. ALEXANDER
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.

Bill Havre Bill Havre - Assistant Secretary
Signature of Registered Agent

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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Signature of a member or authorized representative of a member

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Bill Havre Bill Havre - Assistant Secretary
Signature of Registered Agent