

| (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: | | | | | | |
| | | | | | | |
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Office Use Only



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R. WH!TE
JAN 13 2020

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|--------------------------------------|----------------------|----------------|---|---------------------|--|
| | · | | | | | |
| SUBJECT: _ | Jack | Schroeder | and | Associates | LLC | |
| SUBJECT: Jack Schreder and Associates, 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 a | ll correspondenc | e concerning this ma | itter to the f | following: | | |
| Came | ری Va Name o | of Person | | | | |
| Jack | Schreet Firm/C | ompany As | Surg F | <u>,</u> | | |
| 2064 | Allo JA | ess Ase | | _ | | |
| Gree | n Bay City/State | WI 54 | 311 | _ | | |
| Do Cu E-mail ad | Ments © | LへCorp. Co | eport notifi | cation) | | |
| For further information concerning this matter, please call: | | | | | | |
| Cameo | Venche Name of Person | Hèi ai | <u>(920</u> | <u> </u> | OO | |
| | Name of Person | n | | Area Code & Dayun | ie Telephone Number | |
| | ET/COURIER A | ADDRESS: | | ILING ADDRESS: | | |
| _ | ration Section on of Corporation | 18 | _ | istration Section ision of Corporations | | |
| | Building | | | . Box 6327 | | |
| | xecutive Center assec, Florida 32 | | Tall | lahassee, Florida 3231- | 4 | |
| Enclosed is a check for the following amount: | | | | | | |
| S \$25 | Filing Fee | | □ \$5: | 5 Filing Fee & Certific | ed Copy | |

HS18 (2/14)

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: Jack Schre | adu o | A Actor | - la 110 |
|---|---|---|-----------------------------------|
| 2. (a) Jack Schreicher and Associates, LLC (b) | T. 1. Sch. | - A) | Ctcl Lice |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing a | occress of limited lial MAY BE POST OF | bility company: |
| 2064 Allover Aug | 2064 | Allovez | Ave |
| Green Bay WI 54311 | Green | Bary | wI 54311 |
| 9-6-19 | M 190000 | 008949 |) |
| 3. Date of filing/registration in Florida 4. | | nent number | |
| 5. (a) Arland Wash und Registered Agent and Registered Office shown on the records of the Florida De | ept. of State: | | |
| 14241 Metropolis Ave | • | h. Tex | エロ |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | 6. Tax | wrong |
| | | 07 | Sunbiz.org |
| Ft Myers , FL 337, | 12 | Core | Sunbix.org |
| (b) InCoip Services, Inc. | | | . , |
| Enter name of NEW Registered Agent and/or NEW Registered Office address | <u>ss</u> ; | 39-1 | 460915 |
| 17888 67th Court North | | ~ | PH 12: |
| NEW Registered Office Address: | , ti | | 2: 29 |
| Loxalitchee ,FL 374 | 70_ | | |
| If the limited liability company is not organized under the laws of the Sta | eta of Blouida, it i | ie becely confirm | and that after |
| the change or changes are made, the Florida street address of the registers agent will be identical. Or, in the case of a Florida limited liability comp was/were authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited liability. | ed office and the pany, it is hereby d liability compar | : business office (confirmed that tl | of the registered he change(s) |
| | on-Vode | He' JIA | COO |
| I hereby accept the appointment as registered agent and agree to act in t provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provided for in Chap to merely reflect a change in the registered office address, I hereby confi- positived in writing of this change. | this canacity. I fi | Sirther waree to a | zonalo with the |

Signature of Registered Agent

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

FILING FEE: \$25.00

Heather Glenn on behalf of InCorp Services, Inc.

notified in writing of this change.