## L19000299025

(Requestor's Name)								
(Address)								
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(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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## **COVER LETTER**

TO: Registration Section Division of Corporations	<b>;</b>
SUBJECT: JVEG Enterprise, LLC.	
Nan	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	his matter to the following:
Jimmy Vega	
Name of Person	
JVEG Enterprise, LLC.	ZET: FEB 23
Firm/Company	
1612 Slash Pine Pl	
Address	
Oviedo, FL 32765	, · ·
City/State and Zip Code	
jveg_enterprise@outlook.com	
E-mail address: (to be used for future ann	inual report notification)
For further information concerning this matter.	r. please call:
Jimmy Vega	at () 217-0626
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	og amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

TO:

## 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.

. (a)	1612 Slash Pine Pl		(b	1612 Slas	sh Pine Pl			
. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compa  (Note: MAY BE POST OFFICE BOX)				
	Oviedo, FL 32765	_		Oviedo, F	FL 32765			
	12/13/2019	_		L19000299	9025			
	Date of filing/registration in Florida	4.	-		Document	number	•	<del> </del>
. (a)	CORPORATION SERVICE COMPANY				_			
(b)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	he Flo	rida	Dept. of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del></del>		~ 1		
						,5.)		
	Tallahassee . FL	32301				ZOTA FEB 2		
	Jimmy Vega						్ర - 15	• .
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					*	رب 	:
	1612 Slash Pine Pl						၂ ဆိ	
	NEW Registered Office Address:				_			
	Oniedo	22765			_			
	Oviedo FL	32765	, 					
hange gent v as/we ie arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l limite	ere co lim d li	d office as mpany, it ited liabili	nd the busing is hereby con ity company	ess offic afirmed	e of the r	registered change(s)
Sign	ure of a gember of authorized representative of a member	_			Printed or ty	ped name	of signee	
herei rovisi he obl	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to a perfor l for in pereby	act rmo n C : co	in this cap ince of my hapter 60 infirm that	nacin I furi	har zara	en to com	iply with the in and accep is being filed y has been
Qi,	nmy Vega re of pegistered Agent							
nenatu	re oraceisterou Agent							