

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000120169

**Entity Name:** VA JOM ONE, LLC

**Current Principal Place of Business:**

2563 PLAYERS CT  
WELLINGTON, FL 33414

**Current Mailing Address:**

2563 PLAYERS CT  
WELLINGTON, FL 33414 US

**FEI Number: 45-3356404**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KRISTA ABAIR ASSISTANT SECRETARY

05/18/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name JOHNSON, STEVEN E  
Address 2563 PLAYERS CT  
City-State-Zip: WELLINGTON FL 33414

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN E. JOHNSON

MEMBER

05/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date