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: ALLEN L LINDSAY

1

Electronic Signature of Signing Authorized Person(s) Detail

### DOCUMENT# L17000096774

Entity Name: JAL ENTERPRISES, LLC

#### **Current Principal Place of Business:**

530 N. RIVERSIDE DRIVE INDIALANTIC, FL 32903

#### **Current Mailing Address:**

530 N. RIVERSIDE DRIVE INDIALANTIC. FL 32903

# FEI Number: 82-1502970

## Name and Address of Current Registered Agent:

FLAVIN NOONEY & PERSON CPAS 2200 S. BABCOCK STREET MELBOURNE, FL 32901 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	D HAYES		02/01/2024	ł	
	Electronic Signature of Registered Agent		Date	-	
Authorized Person(s) Detail :					
Title	MGRM	Title	REGISTERED AGENT		
Name	LINDSAY, ALLEN L	Name	FLAVIN NOONEY & PERSON CPAS		
Address	530 N. RIVERSIDE DRIVE	Address	2200 S. BABCOCK STREET		
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	MELBOURNE FL 32901		

С 02/01/2024

MANAGING MEMBER

Date

FILED Feb 01, 2024 Secretary of State 8420607810CC

Certificate of Status Desired: No