

A060000001456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

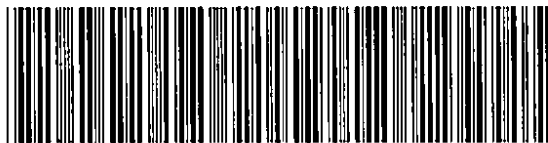
(Document Number)

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RA & RO change

09/09/22--01005--001 \*\*10.00

PS: 01 01002-0000 \*\*25.00

FILED  
2022 SEP -1 PM 3:53  
TALLAHASSEE, FLORIDA

2022 SEP -1 PM 3:53

2022 SEP -8 AM 8:34

RECEIVED

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A. RAMSEY

SEP -9 2022

\* 10.00  
00678, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 SEP -8 PM 3:13

TALLAHASSEE, FLORIDA

September 2, 2022

LANE P. SMITH  
JBS FAMILY LIMITED PARTNERSHIP  
241 JOHN KNOX ROAD, SUITE 200  
TALLAHASSEE, FL 32303-6677

SUBJECT: JBS FAMILY LIMITED PARTNERSHIP, LLLP  
Ref. Number: A06000001456

We have received your document for JBS FAMILY LIMITED PARTNERSHIP, LLLP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00.

The form that you submitted is incorrect. It is for a limited liability company and your entity is a limited liability partnership. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 922A00019657

TALLAHASSEE, FLORIDA

2022 SEP -8 PM 3:25

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: JBS Family Limited Partnership LLP  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000001456

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lane P. Smith  
Contact Person

JBS Family Partnership LLP  
Firm/Company

241 John Knox Rd Suite 200  
Address

Tallahassee, FL 32303  
City, State and Zip Code

lane@lpscommercial.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lane Smith at ( 850 ) 509-8988  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. JBS Family Limited Partnership LLC  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12-13-2006  
Date of filing/registration in Florida

3. A06000001456  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Robert A Pierce  
Name  
123 South Calhoun St  
Address  
TALL. FL 32301-1817  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Lane P. Smith  
Name  
241 John Knox Rd Ste 200  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32303-6677  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*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.*

[Signature]  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

2022 SEP -8 AM 8:34

FILED