

4/22/24, 11:10 AM

Division of Corporations

A9500000679

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

REGISTERED AGENT CHANGE JELLYROLLS LIMITED

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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APR 23 2024

K. Brumbley

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**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. JELLYROLLS LIMITED

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/24/1995

Date of filing/registration in Florida

3. A95000000679

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:

ROBBINS WILLIAMS

Name

13410 COUNTY RD #561

Address

CLERMONT, FL 34711

City, State and Zip

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

CLAY ROESCH, ESQ.

Name

1000 LEGION PL, STE 1700

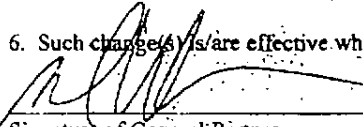
Florida street address (P.O. Box not acceptable)

ORLANDO

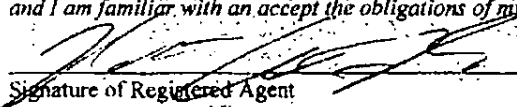
FL 32801

City, State and Zip

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


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 of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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