A95000000679

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Name : SHUFFIELD LOWMAN
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Phone : (407)581-9800
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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
Certified Copy	0
Page Count	02
Estimated Charge	$35.00

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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

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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
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