

LO2 0000 26365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

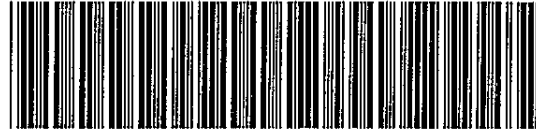
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600027664386

01/29/04--01053--003 **25.00

FILED

04 JAN 29 AM 10:54

SHOCK PART 7 & 8
TALLAHASSEE, FLORIDA

2/5/11
JMS

Fort Lauderdale
Jacksonville
Miami
Orlando
Tallahassee
Tampa
West Palm Beach



Wachovia Center, Suite 1500
100 South Ashley Drive
Tampa, Florida 33602-5311
www.akerman.com
813 223 7333 *tel* 813 223 2837 *fax*

January 23, 2004

Florida Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: J & B Mechanical, LLC
Our File No. 31479-132582**

Deborah L. Evans, Paralegal
813 209 5028
devans@akerman.com

FILED
04 JAN 29 AM 10:54
TALLAHASSEE, FLORIDA

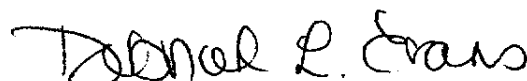
Dear Sir or Madam:

We are enclosing for filing the Statement of Change of Registered Office for the above referenced limited liability company, along with our check in the amount of \$25.00. Please date stamp the enclosed copy and return it to us in the enclosed self-addressed, stamped envelope to evidence the filing of same.

Thank you for your assistance. If you have any questions, please do not hesitate to contact us.

Sincerely yours,

AKERMAN SENTERFITT


Deborah L. Evans, Paralegal

Enclosures

cc: Ms. Claudia Jones
Tommy D. Permenter, Jr., Esq. (w/out enclosures)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: J & B Mechanical, LLC
2. The mailing address of the limited liability company is : 4802 S.W. 144th Street, Ocala, Florida
34473

10/07/2002

L02000026365

3. Date of filing/registration in Florida

4. Document number

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

Tommy D. Permenter, Jr., Esq.

Name

100 South Ashley Drive, Suite 1500

Address

Tampa, FL 33602

City, State and Zip

6. The name and address of the new registered agent and/or office:

Claudia Jones

Name

4802 S.W. 144th Street

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

Ocala

FL 34473

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Claudia Jones Managing Member
(Signature of a member or authorized representative of a member)

Claudia Jones, Managing Member

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Claudia Jones
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
04 JAN 29 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA