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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

	istration Section islon of Corporations			
SUBJECT:	J.A.W. INVESTMENTS, L.L.	C.		
SOBJECT.		e of Limited Lia	ability Company	
Dear Sir or l	Madam:			
The enclose	d Registered Agent/Registered Offi	ce Change and t	fee(s) are submitted for filing.	
Please return	n all correspondence concerning thi	s matter to the f	following:	
RONALD	BUSSIERE			
	Name of Person		_	
	Firm/Company		_	
7801 LAK	E ANDREA CIRCLE			
	Address		_	
MOUNT D	OORA, FL 32757-7308			
	City/State and Zip Code		_	
tuffytc1@	yahoo.com			
E-mail	address: (to be used for future annu	al report notific	cation)	
For further i	nformation concerning this matter,	please call:		
CHERYL '	WILLIAMS	225 _ at (620-5321	
	Name of Person		Area Code & Daytime Telephone Num	ıber
Reg Divi Cliff 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations 9. Box 6327 lahassec, Florida 32314	
Enc	losed is a check for the following	amount:		
☑ \$	25 Filing Fce	□ \$55	5 Filing Fee & Certified Copy	
INHS18 (2/14	1)			

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company:	V _	N15, L.L.C	···	_
2.	(a)	Principal office address of limited liability company:	_ (b)	Mailing address of limited liability company:	_
		Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		4520 S. SHERWOOD FOREST 104-388		4520 S.	SHERWOOD FOREST 104-388	
		BATON ROUGE, LA 70816	- -	BATON	ROUGE, LA 70816	_
		04/12/2018 1/4/05		L050000	03521	
3. •	(a)	Date of filing/registration in Florida RICHARD WILLMAR	4.		Document number	_
J.	(a)	Registered Agent and Registered Office shown on the records of th	e Floric	la Dept. of Stat	ete:	
		Registered Office Address (MUST BE FLORIDA STREET AF 9234 BONNINGTON DR.	AP T			
		TRINITY	34655	5		
	(b)	RONALD BUSSIERE			o man	
		Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddress		
		NEW Registered Office Address:			<u></u>	
		7801 LAKE \ANDREA CIRCLE			_	
		MOUNT DORA	32757	' -7308	_	
the age wa the	cha ent w s/we artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility c the lir mited	istered office ompany, it i nited liabilit liability con	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in	d
S	ignat	ure of a sember or authorized representative of a member			Printed or typed name of signee	-
pro the to i	visio obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he I'm writing of this change.	e to ac erforn for in creby c	t in this cap nance of my Chapter 605 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	n l
Sig	natur	e of Registered Agent				