## 10500088422

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| (Requestor's Name)          |              |             |  |  |  |
| (Addre                      |              |             |  |  |  |
| (Addre                      | ess)         |             |  |  |  |
| (Address)                   |              |             |  |  |  |
|                             |              |             |  |  |  |
| (City/State/Zip/Phone #)    |              |             |  |  |  |
| PICK-UP                     | ☐ WAIT       | MAIL        |  |  |  |
| (Business Entity Name)      |              |             |  |  |  |
|                             |              |             |  |  |  |
| (Document Number)           |              |             |  |  |  |
| Certified Copies            | Certificate  | s of Status |  |  |  |
| Special Instructions to Fil | ing Officer: |             |  |  |  |
|                             |              |             |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations    |  |  |  |
|--|--|--|--|
| SUBJECT: Change of Address on JFH,LLC (Name of Limit | ted Liability Company)                                       |  |  |
| Dear Sir or Madam:                                   |  |  |  |
| The enclosed Registered Agent/Registered Office      | e Change and fee(s) are submitted for filing.                |  |  |
| Please return all correspondence concerning this     | matter to the following:                                     |  |  |
|  |  |  |  |
| Jonathan F Hill                                      |  |  |  |
| (Name of Person)                                     | 08 FEB 28 AM 10: 2:3 SECHETARY OF STATE TALLAHASSEE, FLORIDA |  |  |
|  | FER FER  |  |  |
| JFH,LLC  | 328  |  |  |
| (Firm/Company)                                       | SSE  |  |  |
|  | mo E   |  |  |
| 17186 76st North                                     | 10 St. 2   |  |  |
| (Address)  | <del></del>  |  |  |
|  | •  |  |  |
| Loxahatchee FL 33470                                 |  |  |  |
| (City/State and Zip Code)                            | <del>, , , , , , , , , , , , , , , , , , , </del>            |  |  |
|  |  |  |  |
| For further information concerning this matter, p    | dease call:  |  |  |
| r or further information concerning this matter, p   | louse out.   |  |  |
| Jonathan F Hill                                      | (954 ) 445-5362  |  |  |
| (Name of Person)                                     | (Area Code & Daytime Telephone Number)                       |  |  |
| ,  | • • • •  |  |  |
| CTDEET/COUDIED ADDRESS.                              | MAILING ADDRESS:   |  |  |
| STREET/COURIER ADDRESS: Registration Section         | Registration Section   |  |  |
| Division of Corporations                             | Division of Corporations                                     |  |  |
| Clifton Building                                     | P.O. Box 6327  |  |  |
| 2661 Executive Center Circle                         | Tallahassee, Florida 32314                                   |  |  |
| Tallahassee, Florida 32301                           |  |  |  |

☐ \$55 Filing Fee & Certified Copy

**✓**\$25 Filing Fee

Enclosed is a check for the following amount:

## 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 limite   | d liability company i  | is: JFH,LLC  |  |   |
|---|--|--|--|---|
| 2. The mailing address of   | f the limited liability  | company is : 1718  | 86 76st North  |   |
| Loxahatchee FI 33470  |  |  |  |   |
| 9/7/2005  | •  | L0   | 5000088422   |   |
| 3. Date of filing/registration in Florida   |  | 4.   | 4. Document number   |   |
| 5. The name of the register Florida Department of   | ered agent and the reg<br>State:   | gistered office add  | iress as shown o   | n the records of the  |
|   | Jonathan Franklir  | n Hill   |  |   |
|   |  | Name   |  |   |
|   | 14100 SW 37th Co   | ourt<br>Address  |  | :   |
|   | Davie FL 33330   | Address  |  | `.  |
|   |  | y, State and Zip   | <del></del>  | 08  |
| 6. The name and address of the new registered agent and/or office:  |  |  |  | OB FEB 28 MIN: 23   |
|   | Jonathan Franklin Hill   |  |  | 瑟 。 巴   |
|   | Name 17186 76st North  |  |  |   |
|   | Florida street addr  | ess (P.O. Box NO   | T acceptable)  | 3, 23<br>STATE  |
|   | Loxahatchee  | FL 33470   |  |   |
|   | City   | , State and Zip  |  |   |
| If the limited liability conconfirmed that after the cland the business office of liability company, it is her of the members of the lim or the operating agreement | npany is not organize hange or changes are the registered agent reby confirmed that the liability compant of the limited liability compant of the limited liability. | ed under the laws of<br>made, the Florida<br>will be identical.<br>the change(s) was/<br>ny or as otherwise<br>lity company. | of the State of Flastreet address of Or, in the case of were authorized provided in the            | lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote articles of organization                    |
| (Signature of a member of author  | ized representative of a men   | mber)  |  |   |
| Jonathan Franklin Hill (Printed or typed name of signee)  | ,  |  |  |   |
| I hereby accept the appo-<br>comply with the provision<br>and I am familiar with an<br>Chapter 608, FIS. Or, if<br>address II hereby confirm<br>(Significant)       | intment as registered<br>is of all statules relat<br>d accept the obligati<br>his document is bein<br>that the limited liab  | l agent and agree<br>tive to the proper of<br>ons of my position<br>of filed to merely r<br>ility company has                | to act in this cap<br>and complete pe<br>n as registered a<br>reflect a change<br>been notified in | pacity. I further agree to<br>rformance of my duties,<br>gent as provided for in<br>in the registered office<br>writing of this change. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00