106000086115

(Requestor's Name)					
(Address)					
:	address)				
(C	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(E	Business Entity Name)				
(0	Ocument Number)				
	Certificates of Status				
Special Instructions to	o Filina Officer:				

Office Use Only



000302282090

08/09/17--01020--015 ++25.00

FILEU

77 M6 -9 MH18

87 M7 -9 MH18

COVER LETTER

TO: Registration Section

Division of Corporations					
SUBJECT: JD Builder LLC Name of Limited Liability Company					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to	o the following:				
JOSEPH L. DUNLOP Name of Person					
JD Builder LLC Firm/Company					
1008 LAKESHORE DR. Address					
AUBURNDALE, FL 33823 City/State and Zip Code					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please cal					
JOSEPH L. DUNIOP at (8) Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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: <u>JD</u> BU	<u>uild</u>	CR,	LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	100	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		AUBURNDALE FLORIDA		Au	BURNDALE FloRIDA
		33823	_		33823
3.		August 31, 2006 Date of filing/registration in Florida	4.	LO	600086115 Document number
5.	(a)	JOSEPH L. DUNIOP			_
		Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of St	ate:
		1744 Flint DR.	DD D E C C C		
		Registered Office Address (MUST BE FLORIDA STREET AL			
		AUBURNDALE ,FL	33	<u>823</u>	_
	(b)	Joseph L. Duntop			
	` '	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress;	
		1008 LAKESHORE DR.			FILED
		NEW Registered Office Address:			
		i			_
		AUBURNDALE FL	33	823	
the ag	ent v ent v is/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of oles of organization or the operating agreement of the li	he regist bility con the limi imited lia	ered offi npany, it ted liabil ability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
-6	1	ture of a member or authorized representative of a member	<u>\</u>	05et	PH W. DUNIOP Printed or typed name of signee
-	24Kiigi	tare or a member or audiorized representative or a member			Times of types mane of bigues

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 605, 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.

Signature of Registered Agent