## 207000098071

	<b>(B</b> )		
	(Re	questor's Name)	
	(Ad	dress)	
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	(Cit	y/State/Zip/Phone	e #)
PICK-	JP	☐ WAIT	MAIL
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	(Do	cument Number)	
Certified Copies		_ Certificates	of Status
Special Instructio	ns to	Filing Officer:	
	A	. LUNT	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10CT 23 PH 12: 3

FILED

## **COVER LETTER**

CO	VERLEITER		
TO: Registration Section Division of Corporations			
SUBJECT: JGN Invest (Name of Lim	ments LLC nited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for fili	ing.	
Please return all correspondence concerning this m	natter to the following:		
Jeffrey G. Nichols (Name of Person)	DmD	ZONO SEC TALL	
JGN Investment (Firm/Company)	3 LLC	ON OCT 23 PI SECRETARY OF TALLAHASSEE.	FILE
336 N Babcock St. Suin	te#102	PH 12: 34 OF STATE EE, FLORIDA	O
Melbourne FC 3297 (City/State and Zip Code)	35		
For further information concerning this matter, ple	ease call:		
Lisa Nichols at (Name of Person)	(Area Code & Daytime Telephone Num	mber)	
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 amo	ount:		
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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. Name of the limited liability company:	JGN Investments LLC
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDR	
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE I	
3. Date of filing/registration in Florida	7 <u>L0700009807 185 23</u> 4. Document number
• •	fice shown on the records of the Florida Dept. of State:
Registered Agent:	Jeffrey G Nich & BMD
Registered Office Address:	313 N Babcar St Melbourne, Fe 32935
(b) Enter name of NEW Registered Ag	ent and/or NEW Registered Office address:
NEW Registered Agent:	Same as above
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET A)	DDRESS)  Melbourne, FL 32935
that after the change or changes are made, the office of the registered agent will be identic	ized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business al. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the member)
(Printed or typed name of signee)	
	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, erely reflect a change in the registered office address, I hereby as been notified in writing of this change.

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