

208000013365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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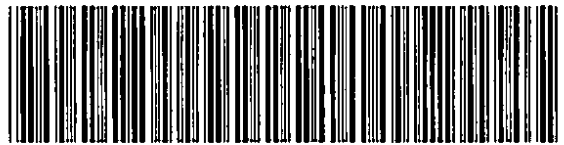
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTIONS
AUG 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JN CONSTRUCTION AND CLEANING SERVICES LLC
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 the following:

JOSEPH NAPPI
Name of Person

JN CONSTRUCTION AND CLEANING SERVICES LLC
Firm/Company

327 Hollow Tree Dr
Address

SEFFNER FL 33584
City/State and Zip Code

JOE NAPPI 327 @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH NAPPI at (813) 478-6738
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

**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. Name of the limited liability company: JN CONSTRUCTION AND CLEANING SERVICES
LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

327 Hollow TREE DR
SEFFNER FL 33584

327 Hollow TREE DR
SEFFNER FL 33584

02/06/2008

L08000013365

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

327 Hollow TREE DR
SEFFNER, FL. 33584

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

ANIELLO NAPPI

NEW Registered Office Address:

3166 TAMPA RD. SUITE 7

OLDSMAR, FL. 34677

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.

Joseph Nappi
Signature of a member or authorized representative of a member

JOSEPH NAPPI
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 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.

Aniello Nappi
Signature of Registered Agent

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18 AUG 15 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA