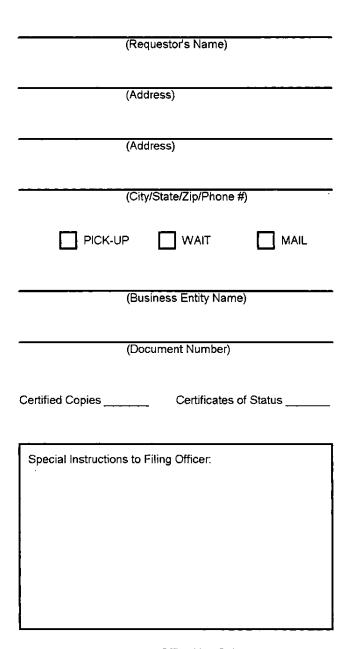
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COVER LETTER

Division of Corporations	
SUBJECT: J. BOND ENTER	PRISES, LLC
Name of Li	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
JO ANN BOND	
Name of Person	
J. BOND ENTERPRISES	S, LLC
Firm/Company	25 15 15 15 15 15 15 15 15 15 15 15 15 15
4811 BOWDEN ROAD	UMI 22
Address	· • • • • • • • • • • • • • • • • • • •
JACKSONVILLE, FL 322	PH 5: 3
City/State and Zip Code	5: 30 FORIDA
JOABOND@AOL.COM	Ţ.
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matte	er, please call:
JO ANN BOND	at (904) 880-7676
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	g 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 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. Na	me of the limited liability company: J. BOND ENTERPRISE	:S, ШС	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	oany: OLD PRINCIPAL OFFICE ADDRESS LLC (CURRENTLY ON FILE): 11251 BUSINESS PARK BOULEVARD, UNIT #4	
		JACKSONVILLE, FLORIDA 32256	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	OLD MAILING ADDRESS OF LLC (CURRENTLY ON FILE).		
	180 PARKSIDE AVENUE		
		ORANGE PARK, FLORIDA 32065	
02/22/2	008	L08000019195	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	Registered Agent and Registered Office shown on	the records of the Florida I	
	Registered Agent:	JO ANN BOND	
			表
	Registered Office Address:	OLD REGISTERED ADDRESS (CURF	
		11251 BUSINESS PARK BOULEVARD JACKSONVILLE, FLORIDA 32256	of Order
		SACROCITIEEE, 1 CONIDA 32230	77 TE 1
			St vi
(b)) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addr	essE≥ En E
	NEW Registered Agent:	N/A	5. , C
	Negistered Agent.		· · · · · · · · · · · · · · · · · · ·
NEW Registered Office Address:		4811 BOWDEN ROAD	
(MUST BE FLORIDA STREET ADDRESS)	(MUST BE FLORIDA STREET ADDRESS)		
		JACKSONVILLE	,FL_32216
confi	limited liability company is not organized under the rmed that after the change or changes are made, the Fine business office of the registered agent will be identity company, it is hereby confirmed that the change(stembers of the limited liability company or as otherw perating agreement of the limited liability company.	lorida street address of the tical. Or, in the case of a F	registered office lorida limited
IO ANN	// I BOND, MGR		
	J or typed name of signee	<u> </u>	
	weby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the provisions of an important and in the provisions of my poter 608, F.S. Or, if this document is being filed to means, I hereby confirm that the limited liability company.	igree to act in this capacity oper and complete perforn osition as registered agent crely reflect a change in the y has been notified in writi	o. I further agree to nance of my duties, as provided for in e registered office ing of this change.
Signat	urd of Registered Agent		
	// Division of Corporations, P.O. Box 63	327, Tallahassee, FL 3231	14

FILING FEE: \$25.00

INHS18 (05/08)