## L09000030475

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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A. LUNT
APR <b>29</b> 2009
EXAMINER

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04/27/09--01037--010 \*\*25.00

## **COVER LETTER**

₽

Division of Corporations		
SUBJECT: JBC Capital, LLC		
(Name	e 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	g this matter to the following:	<b>=</b>
		LLA ECRE
Charles Martin		HASS
(Name of Person)	<del></del>	LAHASSEE. FLORIDA
JBC Capital, LLC		OR IT
(Firm/Company)		Þ
2058 N. Mills Ave # 406		
(Address)		
Claremont, CA 91711	·	
(City/State and Zip Code)		
For further information concerning this mat	itter, please call:	
Charles Martin	at ( 909 ) 626.0496	
(Name of Person)	(Area Code & Daytime Telephone	Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ring amount:	
	☐ \$55 Filing Fee & Certified Co	ру

TO:

Registration Section

## 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: JBC Capital	LLC	<b>E</b>
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	: 2070 Grove St.Bunnell, FL 32110	ø
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2058 N. Mills Ave Box # 406 Claremont, CA 91711	Œ Œ
MARCH 30, 2009  3. Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office shown on the second sec	- m	FILE
Registered Agent:	Sean Mckinney	Ö
Registered Office Address:	2106 Alfred Dr.Boynton Bch, FL 33426 2	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:  Joanne Lamoine	1
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2070 Grove St.	
	Bunnell,,FL_32110	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the content of the registered agent will be identical. Or, in the cont	t address of the registered office and the busin	<b>229</b>
(Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, a as registered agent as provided for in Chapte change in the registered office address, I herel I in writing of this change.	and I r 608, by
(Signature of Registered Agent)		

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