

LD9000038021

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(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J Money Wholesale + Liquidators 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 Columbo
Name of Person

J Money Wholesale + Liquidators LLC
Firm/Company

2451 Statler Ave
Address

Spring Hill FL 34609
City/State and Zip Code

mcolumbo05@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Magdalena or Joseph Columbo at (352 727) 346-7304 505-7228
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: J Money Wholesale + Liquidators 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**)

16201 US Highway 19
Hudson FL 34667

2451 Statler Ave
Spring Hill FL 34609

LO9000038021 4/20/09
CC 883669282

3. Dec 8, 2016
 Date of filing/registration in Florida

4. _____
 Document number

5. (a) Joseph Columbo SR (remove)
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Same As Above
 _____, FL _____

(b) Magdalena Columbo J Money Wholesale + Liquidators LLC
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

_____ Same As Above
NEW Registered Office Address:

 _____, FL _____

DIVISION OF CORPORATIONS
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 (Add)

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.

Magdalena Columbo
 Signature of a member or authorized representative of a member

Magdalena Columbo
 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.

 Signature of Registered Agent