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(Requestor's Name) (Address) (Address)	100306652841			
(City/State/Zip/Phone #)				
(Document Number) Certified Copies Certificates of Status	12/15/1701014023 ++25.00			
Special Instructions to Filing Officer:	LEGGETT JAN 04 2010			

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2017

.

JOHN RIBES 1020 8TH AVE S, STE 1 NAPLES, FL 34102

SUBJECT: JRL DESIGN STUDIOS, LLC Ref. Number: L09000054502

We have received your document for JRL DESIGN STUDIOS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter changes on 5(b) on the application filing.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 317A00025523

REGEND

JAN - 2 2010

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: JRL DESIGN STUDIOS, 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:

JOHN P. RIBES

Name of Person

JPL DESIGH STUDIOS, LLC

Firm/Company

1020 Bth AVENUE SOUTH STEL Address

NAPLES, FLOPIDA 34102 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JCHH P. RIBES OR JACQUELIHE K. RIBES

Name of Person

at (<u>739</u>) <u>161. 4007</u> 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

INHS18 (2/14)

5^TTATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

I. Na	me of the limited liability company:	UDIOG_	LbC.
2. (a)	1020 Eth. AVENUE SOUTH STEL (b) Principal office address of limited liability company: N (Note: MUST BE STREET ADDRESS) N	÷	Timited liability company: <u>E POST_OFFICE_BOX</u>)
			1 CO
	06-04-2009	00005	4502 3 L
3.	Date of filing/registration in Florida 4.	Document nur	nber 2
5. (a)	JOHN P. RIBES JRL DESIGN STUDIO	s. Lic.	
ZELETE TAIS ANDLESS	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 15GB MUZING DN DV NAMES FL. 34120 1020 2016 AVENUE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) MAPL	SOUTH	, SUITE (DA 3410Z
	, FL		NGORDECT ADDRES
(b)	JUHN P. RIBES	1	CHANGED IN AILIG
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : FROM 020 SAME BH. AVE. SOUTH SE! TO			ROM 1568 Mockinghild Dr.
			NNX/45, Fl. 34120 1020 8th. NE 5, Stel
	NEW Registered Office Address: NAPLES SERVE FL. 3402		NAPIES, FL. 34102
	FL		

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.

Ade the MER.	JOHN P. RIBES
Signature of a member or authorized representative of a member	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 charge in the registered office address. I hereby confirm that the limited liability company has been notified a writing of myscharge.

two Ö Signature of Regi stered Agent

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