

LI00000100.933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

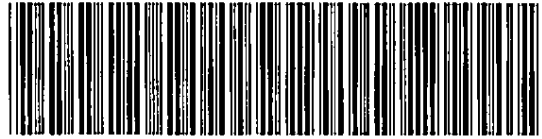
(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT  
AUG 16 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jax Cafe 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:

Lorena Negrón  
Name of Person

Jax Cafe LLC  
Firm/Company

911 NW 209 Ave #115  
Address

Pembroke Pines FL 33029  
City/State and Zip Code

LORENA NEGRON @GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena Negrón at ( 954 ) 882-9921  
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

FILED  
17 JUN 16 PM 4:10  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

**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: Jax Cafe LLC
2. (a) 911 NW 209 Ave #115 (b) 911 NW 209 Ave #115  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Pembroke Pines, FL 33029 Pembroke Pines FL 33029

3. September 27, 2010 4. 110000100933  
Date of filing registration in Florida Document number

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

911 NW 209 Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
#115  
Pembroke Pines, FL 33029

- (b) Rosa Cebedo  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

911 NW 209 Ave  
**NEW Registered Office Address:**  
Unit #115  
Pembroke Pines, FL 33029

FILED  
SEP 27 2010  
TALLAHASSEE, 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.

[Signature]  
Signature of a member or authorized representative of a member

Rosa Cebedo  
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]  
Signature of Registered Agent