

L10 000 100 933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

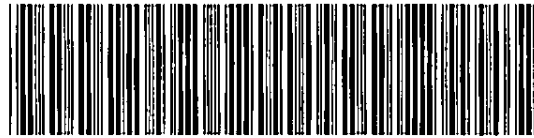
(Business Entity Name)

(Document Number)

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J. J. EGGETT
MAY 30 2018

18 MAY 31 10:16:49
J. J. EGGETT

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:

Franklin Loza

Name of Person

Jax Cafe, LLC

Firm/Company

911 NW 209 Ave #115

Address

Pembroke Pines, FL 33029

City/State and Zip Code

loza.frank@yahoo.com

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

For further information concerning this matter, please call:

Franklin Loza

Name of Person

at (954)

8164
709-0864
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: Jax Cafe, LLC

2. (a) 911 NW 209 Ave #115 (b) 911 NW 209 Ave #115

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Pembroke Pines, FL 33029 Pembroke Pines, FL 33029

3. September 27, 2010 4. L10000100933
Date of filing/registration in Florida Document number

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

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

FILED
19 MAY 04 PM 01:49
TALLAHASSEE, FLORIDA

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

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

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] Rosa Cebado May 19, 2018
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 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