

L10 000 120718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

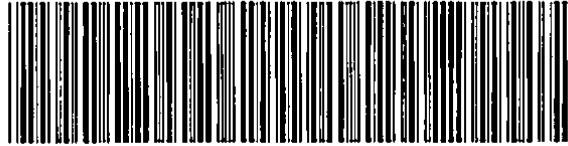
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

JB Resort Properties LLC

**SUBJECT:** \_\_\_\_\_  
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:

Charles R Beer  
\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3 Sinclair St SW  
\_\_\_\_\_  
Address

Port Charlotte FL 33952  
\_\_\_\_\_  
City/State and Zip Code

lley6@cox.net

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

For further information concerning this matter, please call:

Charles R Beer at ( 757 ) 810-9047  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**

*In 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.*

JB Resort Properties LLC

Name of the limited liability company: \_\_\_\_\_

113 Sinclair St SW

(a) \_\_\_\_\_

Principal office address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

Port Charlotte, FL 33952

(b) \_\_\_\_\_

Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

December 2010

L10000120718

Date of filing/registration in Florida

4.

Document number

Albert L. Kelley, P. A.

(a) \_\_\_\_\_

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

926 Truman Ave

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

KEY West, FL 33040

Charles R Beer

(b) \_\_\_\_\_

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

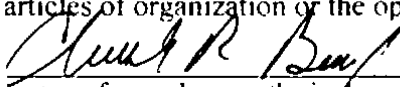
**NEW** Registered Office Address:

113 Sinclair St SW

Port Charlotte, FL 33952

2011 11 15:32

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) 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.

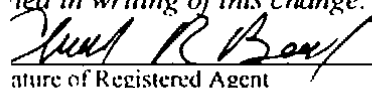


Signature of a member or authorized representative of a member

CHARLES R BEER

Printed or typed name of signer

*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 solely to 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