40000127516

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer.				

Office Use Only



900300659749

06/26/17--01004--017 **350.00



O SCOTT

COVER LETTER

TO: Registration Section Division of Corporations	₹,		
JODEBO, LLC			
SUBJECT: N	ame of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Panistarad Apant/Davistan J.C.	NG Ot		
The enclosed Registered Agent/Registered C		_	
Please return all correspondence concerning	this matter to the	e following:	
Joseph C. Lyons			
Name of Person	- , _		
JODEBO, LLC			
Firm/Company			
PO Box 152			
Address	<u> </u>	<u>_</u>	
Address			
Largo, FL 33779			
City/State and Zip Code			
Lyons_re@yahoo.com			
E-mail address: (to be used for future ar	mual report notif	ication)	
For further information concerning this matte	r, please call;		FILE SE
Kenneth Arsenault	727 at (584-1199	
Name of Person		Area Code & Daytime Telepl	ione Number.
STREET/COURIER ADDRESS:	Mz	MLING ADDRESS:	\$\frac{1}{2}\psi \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
Registration Section		gistration Section	
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	
INHS18 (2/14)			

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. N	ame of the limited liability company: JODEBO, LI	LC	
2. (a)	10225 Ulmerton Road	(b) PO Bo	ox 18
,	Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS) Suite 2	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Largo, FL 33771	Largo,	FL 33779
	12-13-2010	L10000	127516
 (a) 	Date of filing/registration in Florida Kenneth Arsenault	4.	Document number
,	Registered Agent and Registered Office shown on the records of 10225 Ulmerton Road	the Florida Dept. of St	late:
	Registered Office Address (MUST BE FLORIDA STREET) Suite 2	ADDRESS)	
	Largo FI	33771	_
(b)	Enter name of NEW Registered Agent and/or NEW Registered 19535 Gulf Boulevard	Office address:	THE 23 FILLS
	NEW Registered Office Address		
	Suite E		$\dot{\omega}$
	Indian Shores FL	33785	7.0°
agent was was west the artice artice artice artice artice artice artice artice artice are articles are are articles are articles are articles are articles are are articles are articles are	mited liability company is not organized under the law use or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liage authorized by an affirmative vote of the members of the set of organization or the operating agreement of the proof admender of admender of a member of a decept the appointment as registered agent and agrees of all statutes relative to the proper and complete gations of my position as registered agent as provided y reflect a change in the registered office address. The in writing of this change.	the registered office ability company, it of the limited liability conditions and the limited liability conditions. Loseph C.	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. yons Printed or typed name of signee pacity. I further agree to comply with the