Florida Department of State

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K. SALY **EXAMINER**

JUN 2 6 2015

Thursday, June 25, 2015

Mr. Sec.

H150001565823

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.

I. Na	me of the limited liability company: J.B	. AG LLC		
2. (a)	371 NE PLUM TRAIL		(b) P.O.	BOX 292
	Principal office address of limited liability (Note: MUST BE STREET A DDRI		(v) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PINETTA, FL 32350		PIN	ETTA, FL 32350
	02/07/2011		L1100	00015811
3.	Date of filing/registration in Flor	ida 4.		Document number
5. (a)	THE LAW OFFICES OF NICK SPI	RADLIN, PLLC		
	Registered Agent and Registered Office shown on 18952 NORTH DALE MABRY HW	State:		
	Registered Office Address (MUST BE FLORIS STE 102	2015 JUH 25		
	LUTZ	, FL 3354	8	
	Enter name of NEW Registered Agent and/or NE 2202 N. WEST SHORE BLVD. NEW Registered Office Address: STE 200	W Registered Office	address:	- 8:56 - 8:56
	TAMPA	, _{FL} 3360	7	
he chan igent w was/wer he artic	ill be identical. Or, in the case of a Florid re authorized by an affirmative vote of the cles of organization or the operating agrees	address of the re- a limited liability members of the li- ment of the limited N	gistered of company, imited liab d liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
Senar	re of a member or authorized representative of a me	ember		Printed or typed name of signee
i hereb provisio he oblig o merel polified	accept the appointment as registered agens of all statutes relative to the proper an eations of my position as registered agent y reflect a change in the registered office in writing of this change.	ent and agree to a d complete perfor as provided for in address, I hereby	nct in this of in the confirm the confirmation that the confirmation the confirmation that the confirmation	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signature	pt Registered Agent			
	Division of Corporation	nee PO Roy 63	77a Talla	huseae RI 30314
~ ′		FILING FEE: \$2		Hassee, P. D. 32314

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