

L11000048701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

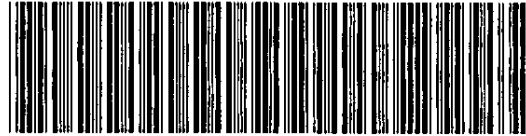
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500250672865

08/16/13--01005--005 \*\*25.00

FILED

2013 AUG 16 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 19 2013

D. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J&B Holdings of Central Florida, 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:

Anne van den Berg

Name of Person

Marchena & Graham

Firm/Company

976 Lake Baldwin Lane, Suite 101

Address

Orlando, FL 32814

City/State and Zip Code

avandenbergm@mgfirm.com

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

For further information concerning this matter, please call:

Anne van den Berg

Name of Person

at ( 407 ) 896-3817

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  
2013 AUG 16 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: J&B Holdings of Central Florida, LLC

2. (a) Principal office address of limited liability company: 1700 Foxboro Dr.  
Orlando, FL 32812  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 1700 Foxboro Dr.  
Orlando, FL 32812  
**(Note: MAY BE POST OFFICE BOX)**

April 25, 2011

L11000048701

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Calandrino Law Firm, P.A.

Registered Office Address:

301 East Pine Street, Suite 950  
Orlando, Florida 32801

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

NEW Registered Agent:

Marcos R. Marchena

NEW Registered Office Address:

Marchena & Graham

**(MUST BE FLORIDA STREET ADDRESS)**

976 Lake Baldwin Lane, Suite 101

Orlando, FL 32814

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 of a member or authorized representative of a member

Joseph Santoro, Jr.

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 608, 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 of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**