

**L12000032610**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

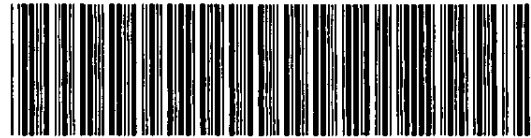
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 MAR 26 AM 11:26

**C. LEWIS**  
MAR 27 2013  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2013

JOHANNA OROZCO / JOCO DISTRIBUTION LLC  
4623 HOLLY LAKE DR.  
LAKE WORTH, FL 33463

SUBJECT: JOCO DISTRIBUTION LLC  
Ref. Number: L12000032610

We have received your document for JOCO DISTRIBUTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 513A00005860

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOCO Distribution 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:

Johanna Orozco  
(Name of Person)

JOCO Distribution LLC  
(Firm/Company)

4623 Holly Lake Dr  
(Address)

Lake Worth FL, 33463  
(City/State and Zip Code)

For further information concerning this matter, please call:

Johanna Orozco at ( 561 ) 531-7043  
(Name of Person) (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 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: JOCO Distribution LLC

2. (a) Principal office address of limited liability company: 4623 Holly Lake Dr  
(Note: **MUST BE STREET ADDRESS**) Lake Worth FL 33463

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**) 4623 Holly Lake Dr  
Lake Worth FL 33406

March 07, 2012

3. Date of filing/registration in Florida

L12000032610

4. Document number

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

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays Street  
Tallahassee FL 32301

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

**NEW Registered Agent:**

Johanna Orozco

**NEW Registered Office Address:**

4623 Holly Lake Dr

**(MUST BE FLORIDA STREET ADDRESS)**

Lake Worth, FL 33463

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.

X Johanna O

(Signature of a member or authorized representative of a member)

Johanna Orozco

(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.*

X By: Johanna O

(Signature of Registered Agent) JOCO Distribution LLC

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

**FILING FEE: \$25.00**

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