

L12000077398

ORIGIN ID: SEFA (121) 321-2600
TAMMY GRAHAM
HERITAGE TITLE PINELLAS, INC
5200 CENTRAL AVENUE

ST. PETERSBURG, FL 33707
UNITED STATES US

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

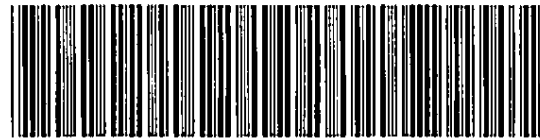
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/15/20

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JALB Transfer Company, LLC
2. The principal office address: 2997 Alternate 19, Suite B
Palm Harbor, FL 34683
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/11/2012 Document number: 1.12000077398
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joel Treuhaff

2997 Alternate 19, Suite B

Palm Harbor, FL 34683

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ariel S. Bergerman

1700 Serpentine Drive South

P.O. Box NOT acceptable

St. Petersburg, FL 33712

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*

[Signature]
Signature of an officer or director

Joel Treuhaff Registered Agent/Managing Member
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

*

[Signature]
Signature of Registered Agent

8/27/20
Date

If signing on behalf of an entity:

Ariel S. Bergerman

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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