

L12000089294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 MAR -3 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 07 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JJL Healthcare Services, 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:

Amy Luhn
Name of Person

Champion Home Health Care
Firm/Company

2351 W. Eau Gallie Blvd.
Address

Melbourne, FL 32935
City/State and Zip Code

amy@championbreavard.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Luhn at (321) 408-3838
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2016

AMY LUHN
2351 W EAU GALLIE BLVD
MELBOURNE, FL 32935

SUBJECT: JJL HEALTHCARE SERVICES LLC
Ref. Number: L12000089294

We have received your document for JJL HEALTHCARE SERVICES 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):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00002046

RECEIVED
2016 MAR -3 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 MAR -3 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 FEB -8 PM 2:39
TALLAHASSEE, FLORIDA

January 29, 2016

AMY LUHN
2351 W EAU GALLIE BLVD
MELBOURNE, FL 32935

SUBJECT: JJL HEALTHCARE SERVICES LLC
Ref. Number: L12000089294

We have received your document for JJL HEALTHCARE SERVICES 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00002046

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TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: JTL Healthcare Services, LLC
2. (a) 580 N. Wickham Rd. (b) 580 N. Wickham Rd.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- Suite B Suite B
Melbourne, FL 32935 Melbourne, FL 32935
3. 1/25/16 4. L12000089294
Date of filing/registration in Florida Document number

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

580 N. Wickham Rd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Ste. B
Melbourne, FL 32935

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

2351 W. Eau Gallie Blvd.
NEW Registered Office Address:
Ste. B
Melbourne, FL 32935

FILED
16 MAR -3 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jordan Lubin
Signature of a member or authorized representative of a member

Jordan Lubin, President
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 605, 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.

Jordan Lubin
Signature of Registered Agent