## 112000096253

(Requestor's Name)			
(Address)			
(Address)			
<b>,</b>			
(City/State/Zip/Phone #)			
(City/State/Zip/Prione #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
,			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
, and the second			

Office Use Only



600252718796

10/28/13--01019--010 \*\*25.00

13 OCT 28 PM 12: 143

## **COVER LETTER**

Division of Corporations			
SUBJECT: JBD&C LLC Name of	f Limited Liabilit	y Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitte	d for filing.
Please return all correspondence concerning	g this matter to tl	he following:	
William Diorio Name of Person		-	
JBD&C LLC		_	
Firm/Company			
4683 Hammock Circle		-	e de la companya della companya della companya de la companya della companya dell
Address			13 13
Delray Beach FL 3344	5		- 19 B
City/State and Zip Code		-	
billdio@bellsouth.net			
E-mail address: (to be used for future annual report		-	PHO: 13
For further information concerning this ma	tter, please call:		ilian (
William Diorio	<sub>at (</sub> 561	866-2323	
Name of Person	A	rea Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314	

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: JBD&C LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 4683 Hammock Circle Delray Beach FI 33445
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4683 Hammock Circle Delray Beach Fl 33445
7/25/2012	L12000096253
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:	William Diorio
Registered Office Address:	9866 Savona Winds Dr Delray Beach Fl 33446
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	77 के कार्यक्षे प्राथमान शर
NEW Registered Agent:	SAME AS ABOVE &
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4683 Hammock Circle  Delray Beach FI 33445  Delray FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the registered office
Signature of a frember or authorized representative of a member  WILLIAM DIOVIO	<del>-</del>
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companional for the signature of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y has been notified in writing of this change.