L12000099287	
(Requestor's Name) (Address) (Address)	600274736226
(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status	600274736226 07/21/1501003-021 **25.00
Special Instructions to Filing Officer: Office Use Only	FILED 15 JUL 21 AH 10: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	1.11 2 2 mgs

1

.

.

I.

COVER LETTER '

TO: **Registration Section Division of Corporations**

۰.

r

JME VACUUMS LLC SUBJECT:

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:

Jeffrey M. Elliott Name of Person JME VALUUMS LLC Firm/Company 2202 S. Church Ave Address Tampa FL 33629 City/State and Zip Code Jeffe 469 Ø Yahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeffrey M. Elliott at (813) 600-1654 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building** P.O. Box 6327

2661 Executive Center Circle Tallahassee, Florida 32301

Division of Corporations 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 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.

JME VACUUMS LLC Name of the limited liability company: 1. 2. (a) (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 12 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: DIPORATION Service (ompan) Registered Office Address HAYS street 1201 AH 10: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: M. Elliott NEW Registered Office Address: S. church Ave 2022 lampa 33629 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. Printed or typed name of signee n WI. Signature of a member or authorized representative of a member 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. W

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent