

Division of Corporations

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L12000159150

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Date of Submission 1/21

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
JNB GROUP LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03/4 |
| Estimated Charge | \$25.00 |

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Corporate Filing Menu

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1/22/2015 12:56:48 PM PAGE 1/001 Fax Server



January 22, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JNB GROUP LLC
3 BALA PLAZA EAST
SUITE 502
BALA CYNWYD, PA 19004US

SUBJECT: JNB GROUP LLC
REF: L12000159150

RE-SUBMIT

DATE OF SUBMISSION 1/21

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H15000016772
Letter Number: 615A00001313

RECEIVED
15 JAN 29 PM 1:33
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JNB GROUP 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:

Deanna Lazar, Director of Corp. Communications

Name of Person

Associated Group Management, LLC

Firm/Company

28143 Valerio Ct.

Address

Valencia, CA 91354

City/State and Zip Code

dlazar@agrp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Lazar

at (661) 296-8411

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

INHS18 (2/14)

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: JNB Group LLC
2. (a) 3 Bala Plaza E. Suite 502, Bala Cynwyd, PA 19004
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 3 Bala Plaza E. Suite 502, Bala Cynwyd, PA 19004
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 12/20/2012
Date of filing/registration in Florida
4. L12000159150
Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE, FL 32301

(b) C T Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 32324

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.

Signature of a member or authorized representative of a member

David J. Berkman

Printed or typed name of signer

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.

C T Corporation System

By: Signature of Registered Agent

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

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