Division of Corporations Electronic Filing Cover Sheet

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(((H15000155140 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205~8842

Fax Number : (850)878-5368

**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 J & P WIRELESS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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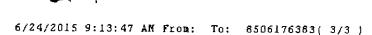
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MMPI---

6/24/2015 9:13:47 AM From: To: 8506176383(2/3)

COVER LETTER

TO: Registration Section Division of Corporations	
J & P Wireless LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Wendy Nance	
Name of Person	
J&P Wireless LLC	
Firm/Company	
5745 34th St N	
Address	
Birmingham, AL 35207	
City/State and Zip Code	
wnance@jpwireless.org	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Wendy Nance	205 718-1626 at ()
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 a	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.

ı.	Na	me of the limited liability company:	.C						
2.	(a)		_ ((b)					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Ŋ	Mailing address of limit (Note: MAY BE POS	-	-	_
		10420 TECOMA DRIVE			PO BOX 5	567			
		TRINITY FL 34655	_		BIRMING	HAM AL 35207			
		01/02/2013		i	.130000002	!13			
3.		Date of filing/registration in Florida	4.	-		Document number			
5	(a)	ZOMESA, LLC							
٥,	(4)	Registered Agent and Registered Office shown on the records of t	he Flori	da I	Dept. of State	;:	SEI	55	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u> </u>		•	≥ ××	Ę	
		15459 MARTINMEADOW DRIVE					KE J'ARY NHASSEI	JUN 24	C. T. D. C.
		PORT RICHEY , FL	33547			•	THE COL	+ AH	
((b)	C T Corporation System					STATE	7: 22	O
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	<u>ress</u> :		IOA A	7	
		NEW Registered Office Address:							
		1200 South Pine Island Road				•			
		Plantation , FL	33324			-			
the ag	cha ent v	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the regability of the li	ne l gist cot imi i li	tered office mpany, it is ted liability ability con	e and the business of s hereby confirmed y company or as of	office of that the	the reg	gistered e(s)
	· · · ·	Wendy Nance	W	end	ly Nance	Printed or typed name	• of signor		
I print to no CBY	here ovisi mer tifle T Co	ture of a member a sutherized representative of a member obstacle the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change. The of Registered Agent	ree to a perfor d for in hereby	ici ma i C	in this cap ince of my hapter 605 infirm that	**	-		ith the accept ng filed been

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