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.

(((H17000158020 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Email Address:

(855)330-1010

Fax Number

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

## LLC REGISTERED AGENT CHANGE JONES TECHNOLOGY GROUP, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY JUN 1 4 2017

## 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.

(a)	12924 GLEASON WAY	(b)	12924 GLEASON WAY
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(9/,,,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	CLERMONT, FL 34711	and the second s	CLERMONT, FL 34711
	05/07/2014		L14000074574
	Date of filing/registration in Florida	4.	Document number
(a)	CORPORATION SERVICE COMPANY	4,	
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	TAIS BE
		<del></del>	SHE TI
	TALLAHASSEE , FL	32301	2017 JUNI 13 AM 9 12 SECRETARY OF STATE FALLAHASSEE, FLORID
(b)	Registered Agents Inc.	· · · · · · · · · · · · · · · · · · ·	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office address:	F STAIL FELORAL
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<u> 7</u> 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered 3030 N. Rocky Point Dr.		<u> 7</u> 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<u> 7</u> 2
(b)	Enter name of NEW Registered Agent and/or NEW Registered 3030 N. Rocky Point Dr.		<del></del>
(b)	Enter name of NEW Registered Agent and/or NEW Registered  3030 N. Rocky Point Dr.  NEW Registered Office Address:  STE 150A		TP
	STE 150A  Tampa  Sew Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address:	33607	
the le cha gent vas/we	Enter name of NEW Registered Agent and/or NEW Registered  3030 N. Rocky Point Dr.  NEW Registered Office Address:  STE 150A	33607 ws of the State f the registered ability compan	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
tihe l'e cha ent v as/we e arti		33607 ws of the State f the registered ability compan	of Florida, it is hereby confirmed that after office and the business office of the registere by, it is hereby confirmed that the change(s) lability company or as otherwise provided in ty company.  RILEY PARK
the Fe cha ent v eas/we e arti	3030 N. Rocky Point Dr.  NEW Registered Office Address:  STE 150A  Tampa  Fl.  Imited liability company is not organized under the large or changes are made, the Florida street address of viell be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	33607 ws of the State f the registered ability compan of the limited limited limited	of Florida, it is hereby confirmed that after office and the business office of the registere by, it is hereby confirmed that the change(s) iability company or as otherwise provided in by company.  RILEY PARK  Printed or typed name of signce

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

赛, ,与