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SECACIARY OF STATE
SALE ABASSEE PLORE

MAY 29 2019 M. SOLOMON



May 8, 2019

KELLY VICTOR JBKV MARKETING, LLC 1740 DOCKWAY DR NORTH FORT MYERS, FL 33903

SUBJECT: JBKV MARKETING, LLC

Ref. Number: L14000128932

We have received your document for JBKV MARKETING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Stacy Prather Regulatory Specialist III

Letter Number: 019A00009287

RECEIVED MAY 2 3 2019

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	JBKV Marketing LLC					
		ne of Limited Liability Company				
Dear S	ir or Madam:					
The en	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the following:				
Kelly	Victor					
	Name of Person					
JBK√	Marketing LLC					
	Firm/Company					
1740	Dockway Dr					
_	Address					
North	Fort Myers, FL 33903					
	City/State and Zip Code					
slider	girl@rocketmail.com					
Ī	E-mail address: (to be used for future ann	nual report notification)				
For fu	rther information concerning this matter	please call:				
Kelly	Victor	239 218-1962				
	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.

l. N	Tame of the limited liability company: JBKV Marke	eting LL	C					
2. (a)								
	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO	ted liability	r compar	y:	
	1740 Dockway Dr		174	0 Dockway Dr	ockway Dr			
	North Fort Myers, FL 33903		Nor	th Fort Myers, FL 33	903	•		
	8/18/2014		L140	00128932				
3.	Date of filing/registration in Florida	4.		Document numbe	r			
5. (a	.)							
,	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept.	of State:				
	DLF Registered Agent Service LLC	rabbbb	ee.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 10181 Six Mile Cypress Pkwy - C				(A) (A)	2019		
					> -># E	HAY 2	• 📆	
	Fort Myers , I	L_3396	6 		SS 24	ř 23		
					21 0 24 47		T	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office :	iddress:		OF STAIR	AH 11:5		
					ज्या केर जिल्हा जिल्हा	Ċī .:		
	Kelly Victor				~.			
	NEW Registered Office Address:							
	1028 SE 12th Ct							
	Cape Coral	3399	0					
If the				a C Manida di la banda a	· · · · · · · · · · · · · · · · · · ·	1 41 4 1	A	
the ch	limited liability company is not organized under the lange or changes are made, the Florida street address of	of the reg	gistered	office and the business	office of	the reg	istered	
-was/v	will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the members	of the li	mited li	ability company or as ot	I that the therwise [change provide	e(s) ed in	
the ar	ticles of or the operating agreement of the	e limited	l liabilit	y company.	·			
<u>- ci</u>	ature of a member or authorized representative of a member	R	obert S	S Victor Printed or typed name				
_	eby accept the appointment as registered agent and a	aree to a	et in thi	• •	-	nale w	ih iha	
provi. the ol to me	ely accept the appointment as registered agent and a stions of all statutes relative to the proper and complet bligations of my position as registered agent as provide rely reflect a change in the registered office address, a ed in writing of this change.	gree to a le perfor led for it I hereby	mance of mance of Chapte confirm	s capacity. I juriner agy of my duties, and I am fa er 605, F.S. Or. if this d that the limited liability	ree to con miliar wi ocument v compan	npiy wi th and is bein y has b	in ine accept g filed eeen	
Signa	ture of Revistered Agent							