

L150000 11118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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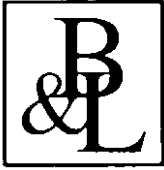


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TALLAHASSEE, FLORIDA

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BECKER & LILLY, LLC

Attorneys-At-Law

100 E. Broad Street • Suite 2320 • Columbus, OH 43215
614-469-4778 • Fax: 614-469-4779

BETH E. LEYDA, CLA CERTIFIED LEGAL ASSISTANT bleyda@beckerlilly.com

October 16, 2019

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: JBCFLA, LLC
Document No. L15000011118

Dear Sir or Madam:

We are enclosing herewith a Statement of Change of Registered Agent for the above-referenced entity. Please process the request and return a file-stamped copy of the Statement to our office in the envelope provided for your convenience.

Kindly contact me with any questions at 614-469-4778 ext. 4.

Very truly yours,

BECKER & LILLY, LLC

Beth E. Leyda, CLA
Certified Legal Assistant

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBCFLA, 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:

MICHAEL R. BECKER

Name of Person

BECKER & LILLY, LLC

Firm/Company

100 E. BROAD STREET, SUITE 2320

Address

COLUMBUS, OHIO 43215

City/State and Zip Code

bleyda@beckerlilly.com

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

For further information concerning this matter, please call:

MICHAEL R. BECKER

Name of Person

at (614) 469-4778 EXT. 1

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

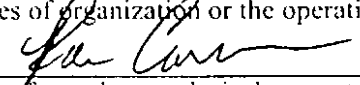
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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: JBCFLA, LLC
2. (a) 318 SOUTH COLUMBIA AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
COLUMBUS, OHIO 43209
- (b) 318 SOUTH COLUMBIA AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
COLUMBUS, OHIO 43209
3. JANUARY 20, 2015
Date of filing/registration in Florida
4. L15000011118
Document number
5. (a) CT CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL 33324
- (b) CHAD CARROL
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1111 LINCOLN ROAD
NEW Registered Office Address:
SUITE 105
MIAMI, FL 33139

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TALLAHASSEE, FLORIDA

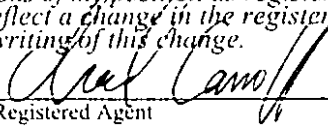
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

RON CARMEN, SECRETARY

Printed or typed name of signee

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.


Signature of Registered Agent