## L150000 16636

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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J. HARRIS

## COVER LETTER

NHS18 (2/14)

то:	Registration Section Division of Corporations									
SUBJI	JFB Enterprises of Central Florida, LLC									
Name of Limited Liability Company										
Dear S	ir or Madam:			i						
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:										
Destir	ny Baylor									
	Name of Person		<del></del>							
Para	corp Incorporated			,						
	Firm/Company									
2804	Gateway Oaks Dr #100									
	Address									
Sacra	amento, CA 95833									
	City/State and Zip Code									
parad	corp@myparacorp.com									
1	E-mail address: (to be used for future and	nual report noti	fication)							
For fu	rther information concerning this matter	, please call:								
Destir	ny Baylor	800 at (	533-7272							
-	Name of Person	,	Area Code & Daytime Telep	hone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 illahassee, Florida 32314							
Enclosed is a check for the following amount:										
	☑ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy							



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR PARACORP INCORPORATED 2804 GATEWAY OAKS DR #100 SACRAMENTO, CA 95833

SUBJECT: JFB ENTERPRISES OF CENTRAL FLORIDA, LLC

Ref. Number: L15000016636

We have received your document for JFB ENTERPRISES OF CENTRAL FLORIDA, 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):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 217A00026321

## 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.	Na	me of the limited liability company: 200 SOUTH ORANGE AVE #	JFB Enterprises of Central Florida, LLC					
	(a)		<del>/</del> 800	(b)	200 SO	JTH ORAN	TH ORANGE AVE #8	
, ن	(a)	Principal office address of limited I (Note: MUST BE STREET		_ (")	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO			
		ORLANDO, FL 32801	4	<b>-</b>	ORLAND	O, FL 32801		
				_	<del></del>	1-1		
		01/28/2015		L15000016636				
3.		Date of filing/registration	in Florida	4.		Document num	ber	
5.	(a)	B & C Corporate Registered Agent and Registered Office she	Services own on the records of the	<u>of Co</u> ne Florida	Cn Fra L Dept. of State:	Flunda,	Inc.	
		Registered Office Address (MUST BE	FLORIDA STREET A	DDRESS)				D2
		390 N Drange.	STF 140	$\mathcal{O}$			!	:::
		_orlando	, FL_	32	301		•	
	(b)	Paracorp Incorporated						
	(0)	Enter name of NEW Registered Agent and	d/or <u>NEW Registered</u> (	Office add	ress:			:,3
		155 Office Plaza Drive,	ist Floor				\	 ယာ
		NEW Registered Office Address:						
		Taliahassee	, FL_	323	01		1	
1 2 4 1	e cha gent v as/we e arti	imited liability company is not organge or changes are made, the Florid will be identical. Or, in the case of a green authorized by an affirmative vote icles of organization or the operating	la street address of t a Florida limited lia e of the members of g agreement of the l	the regis bility co the limi	tered office inpany, it is ted liability	and the busine, hereby confirm or as pany.	ss office of the ned that the cl	e registered nange(s) ovided in
-	Signa	ture of a member or authorized representative	re of a member			Printed or typed r		
		by accept the appointment as registe ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered		e to act performa for in C ereby co	in this capo ince of my o hapter 605 nfirm that t	icity. I further luties, and I am , F.S. Or, if thi he limited liabi	agree to comp Jamiliar with s document is ility company	oly with the and accept being filed has been

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

Milton Vong Assistant Santary

nified in writing of this change.