L1500001V645

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



December 29, 2017

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

SUBJECT: JFB ENTERPRISES OF CENTRAL FLORIDA II, LLC

Ref. Number: L15000016645

We have received your document for JFB ENTERPRISES OF CENTRAL FLORIDA II, 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.

Letter Number: 817A00026320

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Division of the property of th

COVER LETTER

TO: Registration Section

Divi	sion of Corporations							
SUBJECT:	JFB Enterprises of Central Florida II, LLC Name of Limited Liability Company							
Done Clarac		e or miner is	initially company					
Dear Sir or N								
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the	following:					
Destiny B	aylor							
	Name of Person							
Paracorp	Incorporated							
	Firm/Company							
2804 Gate	eway Oaks Dr #100							
	Address							
Sacramer	nto, CA 95833							
	City/State and Zip Code							
paracorp@	myparacorp.com							
E-mail	address: (to be used for future ann	iual report noti	fication)					
For further i	nformation concerning this matter,	please call:						
Destiny B	aylor	800	533-7272					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Divi Clif 266	REET/COURTER ADDRESS: istration Section ission of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section evision of Corporations O. Box 6327 illahassee, Florida 32314					
Enc	losed is a check for the following	amount:						
₽\$	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy					
INHS18 (2/1-	4)							

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	Nin	me of the limited liability company: JFB Enterprise	JFB Enterprises of Central Florida II. LLC						
		200 SOUTH ORANGE AVE #800	200 SOUTH ORANGE AVE #800						
۷.	(a) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	-	Mailing address of limite (Note: MAY BE POS				
		ORLANDO, FL 32801	ORLANDO, FL 32801						
			_						
		01/28/2015	L15000016645						
3.		Date of filing/registration in Florida	4.		Document number				
5.	(a)	B&C Corporate Services 0	f (e	otral	_Florida				
	. ,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	te:				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRFSS)		_				
				_					
		390 N Orange Ave STE.	1 (0	7 (J. ())	_	<u></u> ; -	=		
		<u>orlando</u> , FL		الرهد	_	(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	6 5		
	(b)	Paracorp Incorporated					JAN	7]	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	_		0		
						<u></u>	4		
		155 Office Plaza Drive, 1st Floor NEW Registered Office Address:				74.TE 0RIOA	Ċ Ģ		
		NEW Registered Office Address.				A	53		
					_				
		Tallahassee ,FL	323	01	_				
the ag	cha ent v is/we	mited 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 liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	s of the the regis bility co f the lim	tered offic mpany, it ited liabi!i	te and the business of is hereby confirmed ty company or as oth impany.	ttice of t that the	the re chang provid	gistered (e(s) led in	
_;	Signa	nire of a member or authorized representative of a member			Printed or typed name	of signee			
pr the to	ovisi ? obl merc	by accept the appointment as registered agent and agreous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have been this change. The of Registered Agent	perjorma I for in C iereby co	ince of my Thapter 60 Infirm that	pacity. I further agre duties, and I am Jan 15. F.S. Or, if this do t the limited liability	re to con iliar wi cument . compan	aply v th and is bein y has	vith the l accept ng filed been	