L15000017023

نوع .				
(Requestor's Name)				
	Address)			
(-	-uuices)			
(<i>f</i>	Address)			
(0	City/State/Zip/Phone	/		
,	,	,		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name	=)		
(0	Document Number)			
Certified Copies	Certificates of	of Status		
Special Instructions t	to Filing Officer:	<u></u>		

Office Use Only



700306904507

12/28/17--01021--032 *+25.00

O SHANNONS



December 29, 2017

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

SUBJECT: JFB ENTERPRISES OF CENTRAL FLORIDA I, LLC

Ref. Number: L15000017023

We have received your document for JFB ENTERPRISES OF CENTRAL FLORIDA I, 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: 717A00026320

COVER LETTER

	Registration Section Division of Corporations					
JFB Enterprises of Central Florida I, LLC						
00100170	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Office	Change and fo	ee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this i	natter to the fo	ollowing:			
Desting	y Baylor					
	Name of Person		-			
Paraco	orp Incorporated					
	Firm/Company					
2804 (Gateway Oaks Dr #100					
	Address		••			
Sacrar	mento, CA 95833					
	City/State and Zip Code					
paracc	orp@myparacorp.com					
E-1	mail address: (to be used for future annua	l report notific	ation)			
For furth	her information concerning this matter, pl	ease call:				
Destin	y Baylor	800 at (533-7272			
	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	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, 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.

I. Na	ame of the limited liability company: JFB Enterprise 200 SOUTH ORANGE AVE #800		OUTH ORANGE A	 /E #800	
2. (a)		(b)		niling address of limited liability company:	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST C		
	ORLANDO, FL 32801	ORLAI	NDO, FL 32801		
	01/28/2015		000017023		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	B & C Caporale Services Registered Agent and Registered Office shown on the records of the second services.	<u>OF Centro</u> he Florida Dept. of Si	II Florid		
	Registered Office Address	DDRESS)		18	
	390 N orange Ave STE	1400_			
	orlando, FL	<u>32801</u>	<u></u>	18 JAN 11 PH 12: 02	
(b)	Paracorp Incorporated			: 75	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		02	
	155 Office Plaza Drive, 1st Floor				
	NEW Registered Office Address:				
	Tallahassee, FL	32301			
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered off ibility company, i f the limited liabi	ice and the business office is hereby confirmed the lity company or as other	ce of the registered at the change(s)	
	A. Jutia		Anthony V		
Signa	ature of a member or authorized representative of a member		Printed or typed name of		
I here provis the ob to mer notifie	thy accept the appointment as registered agent and agricions of all statutes relative to the proper and complete digations of my position as registered agent as provided ely reflect a change in the registered office address, I led in writing of this change.		apacity. I further agree by duties, and I am famili 105, F.S. Or, if this docu at the limited liability co	to comply with the iar with and accep ment is being filed mpany has been	

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