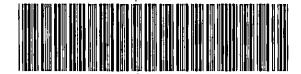
L150000 34939

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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12/28/17--01021--030 **25.00

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

K. SALY JAN 11 2018



December 29, 2017

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

SUBJECT: JFB ENTERPRISES OF CENTRAL FLORIDA III, LLC

Ref. Number: L15000024939

We have received your document for JFB ENTERPRISES OF CENTRAL FLORIDA III, 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: 017A00026321

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

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COVER LETTER

TO: Registration Section

Division of Corporations			
JFB Enterprises of Central Flori	da III, LLC	;	l
	Limited Lia	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and f	fee(s) are submitted for fil	ing.
Please return all correspondence concerning this ma	atter to the f	ollowing;	
Destiny Baylor			
Name of Person		_	
Paracorp Incorporated			
Firm/Company		 -	1
			'
2804 Gateway Oaks Dr #100		_ _	
Address			
Sacramento, CA 95833			1
City/State and Zip Code			
paracorp@myparacorp.com			
E-mail address: (to be used for future annual	report notifi	cation)	
For further information concerning this matter, plea	ase call:		
Destiny Baylor	800	533-7272	
Name of Person	• (Area Code & Daytime T	elephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ALING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, Florida 32314	
Enclosed is a check for the following am	ount:		
☑ \$25 Filling Fee	□ \$5	5 Filing Fee & Certified C	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

rtoriaa.							
1. Name of the limited	Hiability company:	terprises of C	entral Florida	a III, LLC			
2. (a) 200 SOUTH (ORANGE AVE #800	(b	(b) 200 SOUTH ORANGE AVE #800				
Principal of	fice address of limited liability comp.: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	ORLANDO, FL 32801 ORLAND						
02/10/2015			L1500002	24939			
	filing/registration in Florida	4.		cument number			
5. (a) BAC Registered Agent ar	Corporate Servind Registered Office shown on the re	ICES OF ecords of the Florida	Central - Dept. of State:	Florida			
Registered Office /	Address <u>(MUST BE FLORID</u> A S	TREET ADDRESS	2	ı			
390 N	J Drange Ave	STE 14	ω_{-}		-		
Orla	ndo	, FL3°	2801		SECIR NVISION		
(V)	ncorporated V Registered Agent and/or <u>NEW R</u>	egistered Office ad	dress:		SECRL TAKY VISION OF CO.		
12.11.C. 11.11.C. 01 (-12.12.					PH I		
155 Office <u>NEW</u> Registered C	Plaza Drive, 1st Floo Office Address:) F			: 07		
Tallahasse	20		301				
		, 1		1			
the change or changes a agent will be identical. was/were authorized by	ompany is not organized under are made, the Florida street ad Or, in the case of a Florida light an affirmative vote of the medion or the operating agreemen	ldress of the regi- imited liability co embers of the lin	stered office an ompany, it is he nited liability co	ereby confirmed that company or as others	t the change(s) vise provided in		
Signature of a member or	authorized representative of a memb		Pr	inted or typed name of s			
The section are and the second	pointment as registered agent es relative to the proper and c osition as registered agent as age in the registered office ad is change	and agree to ac complete perform provided for in (dress, I hereby c	ance of my ata Chapter 605, F onfirm that the	ty. I further agree t ies, and I am famili S. Or. if this docur limited liability cor	o comply with the ar with and accept nent is being filed npany has been		
Signature of Registered Age	Milton Vong Assis	stant Secretar	γ				

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