

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000205739 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

| Certificate of Status | 0       | J É |
|-----------------------|---------|-----|
| Certified Copy        | 0       | 9   |
| Page Count            | 02      | , j |
| Estimated Charge      | \$25.00 | 123 |

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

AUG 2 2 2015

## 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. N   | ame of the limited liability company: JFM TRADING  |   |   |  |
|--|--|---|---|--|
| 2, (a)   | 5460 Lena Road   | (b) P.O. Box 110281   |   |  |
|  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | Multing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  |
|  | Suite 101  | Lakewo  | ood Ranch, FL 34211   |  |
|  | Bradenton, FL 34211  |   |   |  |
|  | 04/15/2015   | L150000   | 065805  |  |
| 3.   | Date of filing/registration in Florida   | 4.  | Document number   |  |
| 5. (a)   | John F. Maben  |   |   |  |
| J. (44)  | Registered Agent and Registered Office shown on the records of the   | he Florida Dept. of Sta   |   |  |
|  | 6605 189th St East   |   |   |  |
|  | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)   |   |  |
|  | Lakewood Ranch ,FL   | 34211   |   |  |
| (b)  |  |   |   |  |
| ( )  | Enter name of NEW Registered Agent and/or NEW Registered   | Office address:   | 132   |  |
|  | 5460 Lena Road   |   | SIA PEIN  |  |
| NEW Registered Office Address: Suite 101           |  |   | REAT C  |  |
|  | Suite 101  |   | DE A  |  |
|  | Bradenton , FL   | 34211   | _   |  |
| he cha<br>igent v<br>was/we                        | imited liability company is not organized under the law<br>ange or changes are made, the Florida street address of a<br>will be identical. Or, in the case of a Florida limited lial<br>are authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | the registered offic<br>bility company, it i<br>the limited liabilit                  | e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.  |  |
| Signa  | ture of a member or authorized representative of a member  |   | Printed or typed name of signee   |  |
| I herei<br>provisi<br>he obl<br>o merci<br>otifica | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>elyreflect a change in the registered office address, I had<br>d in Writing of this change.                            | e to act in this cap<br>performance of my<br>for in Chapter 60:<br>creby confirm that | acity. I further agree to comply with the<br>duties, and I am familian with and accept<br>5, F.S. Or, if this document is being filed<br>the limited liability company has been |  |

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

Signature of Registered Agent