

#L15000073619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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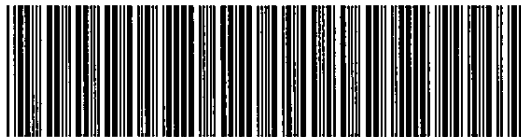
(Business Entity Name)

(Document Number)

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2015 JUN -8 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONPAR LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON PARUTA

Name of Person

JONPAR

Firm/Company

14242 LEBEWARD WAY

Address

WEST PALM BEACH, FL. 33410

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON PARUTA

Name of Person

at (561) 385-2698

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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.

1. Name of the limited liability company: JONPAR, LLC

2. (a) 14242 LEEWARD WAY
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
WPB, FL 33410

(b) SAME
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 4/27/15
Date of filing/registration in Florida

4. L15 000073619
Document number

5. (a) JASON PARUTA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
14243 LEEWARD WAY
WEST PALM BEACH, FL 33410

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: /collected

NEW Registered Office Address:
14242 LEEWARD WAY
WEST PALM BEACH, FL 33410

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JASON PARUTA

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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TALLAHASSEE, FL 32314
SECRETARY OF STATE