

L15000134724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

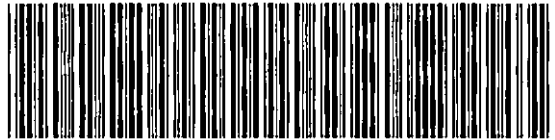
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500314495775

500314495775
06/19/18 10:00 AM \$45.00

FILED
18 JUN 29 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
JUL 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

DIANA BURGOS
4304 HARGRAVE ST APT B
ORLANDO, FL 32803

SUBJECT: JBM SERVICES GROUP,LLC
Ref. Number: L15000134724

We have received your document for JBM SERVICES GROUP,LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 618A00012863

REC'D
2018 JUN 29 AM 10:42
DIVISION OF CORPORATIONS
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBM Services Group, 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:

Diana Burgos
Name of Person

JBM Services Group, LLC
Firm/Company

4304 Hargrave St Apt B
Address

Orlando FL 32803
City/State and Zip Code

info@jbmservicesgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Burgos at (407) 278 1680
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

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: JBM Services Group, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

4304 Hargrave st Apt B
Orlando FL 32803

Po Box 141267
Orlando FL 32814

3. 08/06/2015 4. L15000134724
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4304 Hargrave st Apt B
Orlando FL 32803

(b) Manuel R. Cintron Diaz
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
4304 Hargrave st Apt B
Orlando FL 32803

FILED
18 JUN 29 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Manuel R. Cintron Diaz
Signature of a member or authorized representative of a member

Manuel R. Cintron Diaz
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.

Manuel R. Cintron Diaz
Signature of Registered Agent