

L15000142835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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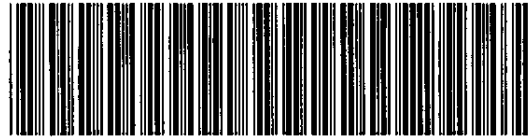
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 20 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & M FLORIDA 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:

EVELYN R GONZALEZ EA
Name of Person

ACCOUNTING CENTER FOR SMALL BUSINESS LL
Firm/Company

5701 DOGWOOD DR
Address

ORLANDO FL 32807
City/State and Zip Code

ACCORL@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN R GONZALEZ at (407) 281-0227
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2016

EVELYN R GONZALEZ
ACCOUNTING CENTER FOR SMALL BUSINESS
5701 DOGWOOD DR
ORLANDO, FL 32807

SUBJECT: J & M FLORIDA GROUP LLC
Ref. Number: L15000142835

We have received your document for J & M FLORIDA GROUP 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Part 5(a) has not been completed.

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: 416A00018806

2016 SEP 19 PM 4:29
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: J & M FLORIDA GROUP LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

600 N THACKER AVENUE STE A13

KISSIMMEE FL 34741

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

08/20/2015

L15000142835

3. Date of filing/registration in Florida

4. Document number

5. (a) E & F LATIN GROUP LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

600N THACKER AVE SUITE A13 KISSIMMEE FL 34741
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

600 N THACKER AVE STE A13
KISSIMMEE, FL 34741

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

BELIDY C GOMEZ BUITRAGO

NEW Registered Office Address:

7261 CROOSSROADS GARDEN DRIVE APT 3319

ORLANDO, FL 32821

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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.

Lina M. Pineda
Signature of a member or authorized representative of a member

LINA M PINEDA CARDONA

Printed or typed name of signer

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]
Signature of Registered Agent