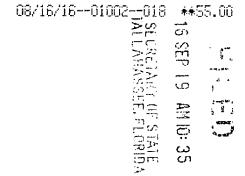
L15000156401

(Re	questor's Name)			
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations	
SURJ	J&N BUSINE	SS AND PERSONAL SUPPORT, LLC
0000		ne of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the following:
NICC	DLAS ROMERO	
	Name of Person	····
J&N	BUSINESS AND PERSONAL SU	PPORT, LLC
=	Firm/Company	
1563	7 DARIEN WAY	
	Address	
CLEA	ARWATER, FL 33764	
_	City/State and Zip Code	
nicola	as.romero@jnbusinesssuport.com	1
<u>E</u>	E-mail address: (to be used for future ann	nual report notification)
For fu	rther information concerning this matter,	please call:
Nicol	as Romero	727 3480118
	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

August 18, 2016

NICOLAS ROMERO 15637 DARIEN WAY CLEARWATER, FL 33764

SUBJECT: J&N BUSINESS AND PERSONAL SUPPORT, LLC

Ref. Number: L15000156401

We have received your document for J&N BUSINESS AND PERSONAL SUPPORT, 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 registered agent must sign accepting the designation.

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: 616A00017462

SECRETARY OF STATE

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.

	Idress of limited liability company: ST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SEPTEMBER 14	2015	L1500	00156401
Date of filing (a)	g/registration in Florida GAS	4,	Document number
	istered Office shown on the records	s of the Florida Dept. o	f State:
Registered Office Addres	SEP 19 CRETAR LAHAS		
CLEARWATER		33764 FL	SFF P
o)	CISCO ROMERO JIMEN		STATE STATE
15637 DARIEN V			•
NEW Registered Office			
CLEARWATER		_{FL} 33764	
change or changes are ma it will be identical. Or, in were authonized by an af	de, the Florida street address the case of a Florida limited	s of the registered of d liability company, rs of the limited liab the limited liability	• •
unature of a member of embori	zed representative of a member	NICOLAS	Printed or typed name of signee
rahy accent the appoints	iant as varietaved agent and	agree to act in this ete performance of ided for in Chapter I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accepts. F.S. Or, if this document is being fill that the limited liability company has been

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