

L15000 157483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

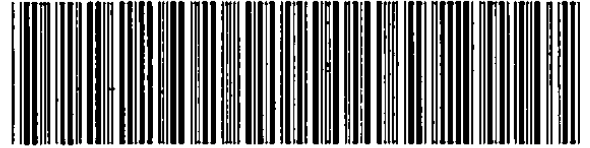
(Business Entity Name)

(Document Number)

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SEP 20 2019  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JMJ HOMES SERVICES 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:

GALEN L. GRIMES  
Name of Person

1705 MAGNOLIA LANDINGS CT  
Firm/Company  
Address

SUN CITY CENTER, FL 335172  
City/State and Zip Code

GLGRIMES67@YAHOO.COM  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GALEN GRIMES at ( 734 ) 546.66025  
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: JMJ HOMES SERVICES LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1705 MAGNOLIA LANDINGS CT.  
SUN CITY CENTER, FL 33573

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

- SAME AS  
STREET ADDRESS

9.21.2015

L15000157483

3. Date of filing/registration in Florida 4. Document number

5. (a) ~~Magar Zeman~~ United States Corp. Agents Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

~~Magar Zeman~~ 5575 S. SEMORNO BLVD, #36  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Orlando, FL 328

~~1705 MAGNOLIA LANDINGS CT.~~

~~1705 MAGNOLIA LANDINGS CT.~~

\_\_\_\_\_ FL \_\_\_\_\_

(b) GAVEN L. GRIMES

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1705 MAGNOLIA LANDINGS CT.

NEW Registered Office Address:

SUN CITY CENTER, FL

\_\_\_\_\_ FL 33573

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.

Gaven L. Grimes  
Signature of a member or authorized representative of a member

Gaven Grimes  
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.

Gaven L. Grimes  
Signature of Registered Agent