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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE JONBO HOLDINGS, LLC

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ESOS 1 E NAL

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. N	ame of the limited liability company: JONBO HOLD	INGS, LLC	·		
2 (a)		O:	,)		
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lial (Note: MAY BE POST OF	oility company:
	698 N. Maitland Avenue, Suite 203			itland Avenue, State 203	
	Maitland, Fl. 32751			F1. 32751	
	October 29, 2015		L150001839	967	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)					
(11)	Registered Agent and Registered Office shown on the records of Laurence J. Pino, P.A.	of the Florida	Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		7	- (3)	2023
	99 S. New York Avenue			_	ريــ ميه
	Winter Park, I				2023 J#4 3 D
		L		-	30 7
(b)	Enter name of NEW Registered Agent and/or NEW Register			<u>.</u> .	-Ř
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:	-	1:48
	Dean Mend Services, L.L.C			다. -	တ
	NEW Registered Office Address:			-	
	420 S. Orange Avenue, Suite 700			-	
	Orlando, F				
change agent v was/w	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the ne registere liability co of the lim to limited I	State of Flood office and impany, it is ited liability com	orida, it is hereby confirm I the business office of the hereby confirmed that to company or as otherwise pany.	he registered he change(s)
X Sions	Tugan Johnson ture of a member of a member	Meg	Megan Johnson Printed or typed name of signee		
I here provisi the obl to mero notifie Dean N By:	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address. I I is writing of this change. I said Syricis, LLE	gree to act e performa led for in C I hereby co	in this capa ince of my a hapter 605, infirm that t		
NUMBER	n R. Looney, Vice President of Sole Member				

FILING FEE: \$25.00