L16000 45581

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617 6393

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)366 2689

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

Email Address: documents@incorp.com

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LLC REGISTERED AGENT CHANGE
JAB VISUALS, LLC

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H190000851223

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAB Visuals, 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:

Jennifer Sharp
Name of Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy. · Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Sharp on behalf of InCorp Services, Inc. at (800) 246-2677
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

INIIS18 (2/14)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 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: JAB Visuals, LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

824 McIntosh St., Apt 1

West Palm Beach, FL 33405

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

3. 03/04/2016 Date of filing/registration in Florida

4. L16000045581 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Tampa, FL 33612

(b) InCorp Services, Inc.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

17888 67th Court North
NEW Registered Office Address:

Loxahatchee, FL 33470

Loxahatchee, FL 33470

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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.

Signature of a member or authorized representative of a member

Joel Austin Berry
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.

Jennifer Sharp on behalf of Incorp Services, Inc.
Signature of Registered Agent

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