L16000080670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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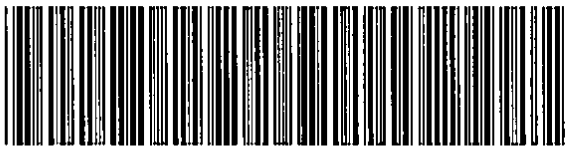

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FILED
2017 AUG -4 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 11 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAF Media, 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:

MARK L Fusco
Name of Person

ACCOUNTING SOLUTIONS GROUP LLC
Firm/Company

P. O. Box 613
Address

BEDFORD PA 15522
City/State and Zip Code

MFusco@LTL56.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK L. Fusco at 814 302-1243
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:

☒ $125 Filing Fee ☐ $55 Filing Fee & Certified Copy

CR8S15 (2-14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2017

MARK L FUSCO
ACCOUNTING SOLUTIONS GROUP LLC
PO BOX 613
BEDFORD, PA 15522

SUBJECT: JAF MEDIA, LLC
Ref. Number: L16000080670

We have received your document for JAF MEDIA, 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.

The designation of the registered agent must be at a Florida street address.

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: 617A00014853

RECEIVED
2017 AUG -4 AM 11:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 AUG -4 PM 12:28
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 605.0113 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: JAF MEDIA LLC

2 (a) 6814 WILLOWSHIRE WAY
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

BRADENTON FL 34212

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

3 4/28/16
Date of filing/registration in Florida

4 L16000080670
Document number

5 (a) UNITED STATES CORPORATION AGENTS INC
Registered Agent and Registered Office (Florida) as 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) MARK L. FUSCO
Name of NEW Registered Agent and/or NEW Registered Office address

6814 WILLOWSHIRE WAY
NEW Registered Office Address

BRADENTON FL 34212

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SECRETARY OF STATE
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.

Signature of a member or authorized representative of a member

JOHN A. FUSCO
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.

Signature of Registered Agent

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

PCNSTA 116