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#### **COVER LETTER**

**Registration Section** TO: **Division of Corporations** 

#### JVV ACCOUNTING AND CONSULTING SERVICES LLC SUBJECT:

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:

# JORGE VAZQUEZ-VAZQUEZ

Name of Person

## JVV ACCOUNTING AND CONSULTING SERVICES I

Firm/Company

**176 CLUB VILLAS LN** 

Address

KISSIMMEE, FL 34744

City/State and Zip Code

jvvacs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IORGE VAZQUEZ-VAZQUEZ	407 874-0837
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

#### 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.

ł.	Name of the limited liability company:	JVV ACCOUNTING AND CONSULTING SERVICES LLC	

1 10	176 CLUB VILLAS LN		OX 703063	
a)		(b) <u>FOB</u>	OX 702063	
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited li ( <u>Note: MAY BE POST C</u>	• • •
	KISSIMMEE, FL 34744	SAIN	T CLOUD, FL 34770-2	2063
	MAY 08, 2017	L1700	0101829	
	Date of filing/registration in Florida	4.	Document number	
a)	JORGE VAZQUEZ-VAZQUEZ			
.,	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:	
	1418 S NARCOOSSEE RD			. 5
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		LLAH
	SAINT CLOUD, F	L <sup>34771</sup>		15 PH
))				H 3: 51
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		
	176 CLUB VILLAS LN			
	NEW Registered Office Address:		······	

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.

JORGE VAZQUEZ-VAZQUEZ

Signature of a member or authorized representative of a member

Printed or typed name of signce

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.

د Signature of Registered Agent

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