

JAN/15/2018/MON 01:22 PM

FAX No.

9.001

1/15/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L17000108062

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC
Account Number : I20170000051
Phone : (239)552-4100
Fax Number : (239)649-0158

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

Email Address: JLH@WBCLAWYERS.COM

**LLC REGISTERED AGENT CHANGE
JABILLOS II, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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JAN 16 2018

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JAN 17 2018
J. HARRIS

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FAX No.

P. 002

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JABILLOS 11, 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:

KEVIN CARMICHAEL

Name of Person

WOOD BUCKEL & CARMICHAEL

Firm/Company

2150 GOODLETTE ROAD NORTH, SIXTH FLOOR

Address

NAPLES, FL 34102

City/State and Zip Code

JLH@WBCNAPLES.COM

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

For further information concerning this matter, please call:

KEVIN CARMICHAEL

at (239)

552-4100

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

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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: JABILLOS 11, LLC
2. (a) 4109 CARRIAGE DRIVE, #L4 (b) 4109 CARRIAGE DRIVE, L4
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
POMPAÑO BEACH, FL 33069 POMPAÑO BEACH, FL 33069
3. 05/17/2017 4. L17000108662
 Date of filing/registration in Florida Document number
5. (a) SALVATORI, WOOD & BUCKEL, P.L.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
9132 STRADA PLACE, FOURTH FLOOR
NAPLES, FL 34108
- (b) WOOD, BUCKEL & CARMICHAEL
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
2150 GOODLETTE ROAD NORTH, SIXTH FLOOR
NAPLES, FL 34102

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.

KEVIN CARMICHAEL, AUTH REP

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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