## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((1117000240983 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

: (323)962-9600

Fax Number

: (323)962-3889

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

Email Address:

## LLC REGISTERED AGENT CHANGE JP FINISH MASTERS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

S. WARREN

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	JP FINISH MASTERS LLC		.h.			
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	ais matter to the fo	llowing:			
Chey	enne Moseley					
	Name of Person		-			
Legal	lzoom.com, Inc.		•			
	Firm/Company		•			
101 N	N. Brand Blvd., 10th Floor					
	Address		•			
Glend	dale, CA 91203					
	City/State and Zip Code	····································	•			
	efilings@legalzoom.com					
E	-mail address: (to be used for future an	nual report notifica	ition)			
For fur	ther information concerning this matter	, please call:				
Chey	enne Moseley	at (	773-0888 ext 9724			
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			
	Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

## 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 fallowing statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: JP FINISH N	MASTERS	SLLC		
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	•	(Note:	address of limited liability company:  MAY BE POST OFFICE BOX)	
•	4104 2ND AVE NW		4104 2ND AV	ENW	
	BRADENTON, FL 34209				
	07/06/2017	L	17000145112		
3.	Date of filing/registration in Florida	4.	Docum	nent number	
5. (a	}				
	Registered Agent and Registered Office shown on the records of JARROD P PEARSON	the Florida D	ept. of State:	<b>=</b> '0	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4104 2ND AVE NW			17 SE ALLAP	
	BRADENTON ,F1	34209		F II	
(b)				EE, FLO	
	UNITED STATES CORPORATION AGENT			<b>4: 23</b> Tate Orida	
	NEW Registered Office Address:				
	13302 WINDING OAK COURT, SUITE A		—————		
	TAMPA , FI	33612			
the chagent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticks of organization or the operating agreement of the authorized representative of a member	ws of the S f the registe iability con of the limit	tate of Florida, is red office and the pany, it is herebed liability company	ne business office of the registered by confirmed that the change(s) any or as otherwise provided in	
SigA	ature of a member or authorized representative of a member		Printed	or typed name of signee	
I her provis the ob to me notifie	eby accept the appointment as registered agent and ag itons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.  CHEYENNE MOSELEY, ASSISTANT SECRETAR	ree to act to e performar ed for in Ch hereby con	n this capacity. ace of my duties, apter 605, F.S. firm that the lim	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited Itability company has been	
C:	STATES CORPORATION AGENTS, INC.	CT, ONLIED			
21Kum	ure of Registered Agent				

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

INHS18 (2/14)