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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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LLC REGISTERED AGENT CHANGE JBS I, LLC

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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.	Na	me of the limited liability company:JBS I, LLC		
2	(a)	689 Central Avenue	_ (b)	6208 EMMONS LANE
_	(-)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	_ (*/.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Unit 101		TAMPA, FL 33647
		St Petersburg, FL 33701		
		07/11/2017	_	L17000148092
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	HUNTER BUSINESS LAW		
-	(4)	Registered Agent and Registered Office shown on the records of th	e Florida D	Dept. of State:
		119 S. DAKOTA AVENUE		
		Registered Office Address	DDRESS)	2022 S. S. S
		TAMPA	33606	PILE PH 3: 34 TALLAHASSEE, FLORID
	(b)	Corporate Creations Network Inc.	SEE O	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addi	
		801 US Highway 1		ORIGINAL SE
		NEW Registered Office Address:		
		North Palm Beach , FL	33408	<u> </u>
ch ag w.	ange ent v as/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of celes of organization or the operating agreement of the li	egistered sility com the limit	office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
			lin Lazarus, Attorney-in-Fact	
	•	ture of a member or authorized representative of a member		Printed or typed name of signee
pr th to	ovisi e obi mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act in erformar for in Ch ereby con	n this capacity. I further agree to comply with the accept of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed after the limited liability company has been

Caitlin Lazarus, Special Secretary

/s/ Caitlin Lazarus

Signature of Registered Agent