## 117000247755

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(Address)
(Address)
(City/State/Zip/Phone #)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2017

ALYSE HARRINGTON 14845 NE 214 AVE FORT MCCOY, FL 32134

SUBJECT: JHB REALTY LLC. Ref. Number: L17000247755

RECEIVED

JAN - 2 2018

We have received your document for JHB REALTY 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

You can only list one registered agent.

Please return your document, along with a copy of this letter, within 60 days or U your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 417A00025603

## **COVER LETTER**

TO: Registration Section Division of Corporations	
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:	
Alyse Harrington Name of Person	
Firm/Company	
14845 NE 214 Ace Address	
For t Mc (cy FL 32134  City/State and Zip Code  Abarrington 5@cfl rr.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	<u> </u>
E-mail address: (to be used for future annual report notification)	اهم ر ا اعداد اعدادا
For further information concerning this matter, please call:	
Alyse Hirrington at (352) 685-1528  Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of 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:	

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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 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: JHB Resth LLC.
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	21347 NE 149 PIGGE 21347 NE 149 PIGG
	Fort McCay FL. 32134 Fort McCay 1=6 32134
	Date of filing/registration in Florida  4. Document number
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	14845 NE 214 Au
	Fort Mc Coy, FL 32134
ZL X	
(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Bruchs  Such H. L
	Bruchs Brillian -
•	Suka H. ! 3 DR as trustere of the Bruch's Family Tirest
	NEW Registered Office Address:
	21347 NE 149 Place
	Fort Mc Cay FL 32134
If the lin	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent w was/we	nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signati	are of a member or authorized representative of a member  Alyse Harrington  Printed or typed name of signee
provision the oblimate to mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatur	of Registered Agent