

L17000255584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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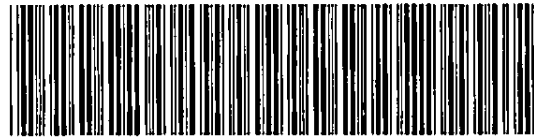
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2018 OCT -1 AM 11:37

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OCT 06 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NRG & JM ENTERPRISES, 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:

GOMEZ VALERIO, MARIA D

Name of Person

NRG & JM ENTERPRISES, LLC.

Firm/Company

2377 NE 42 Ave

Address

Homestead, FL 33033

City/State and Zip Code

madagam\_1979@hotmail.com

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

For further information concerning this matter, please call:

GOMEZ VALERIO, MARIA D

Name of Person

at ( 786 ) 720-5760

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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TALLAHASSEE, FLORIDA

**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.*

**NRG & JM ENTERPRISES, LLC.**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) 2377 NE 42 Avenue (b) 2377 NE 42 Avenue

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Homestead, FL 33033

Homestead, FL 33033

12/14/2017

L17000255584

3. Date of filing/registration in Florida

4. Document number

5. (a) GOMEZ VALERIO, MARIA D

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6055 NW 105 CT STE 201, DORAL FL 33178

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6055 NW 105 CT STE 201

DORAL

FL 33178

(b) \_\_\_\_\_

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2377 NE 42 Avenue

NEW Registered Office Address:

Homestead

FL 33033

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.

MARIA D. GOMEZ VALERIO

Signature of a member or authorized representative of a member

GOMEZ VALERIO, MARIA D

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.*

MARIA D. GOMEZ VALERIO

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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