

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001584593)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Mumber : (850) 617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

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

Email	Address:	r1505@ D	arasec com
			-

## LLC REGISTERED AGENT CHANGE JBSMA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

D SCOTT

MAY 16 2019 Help

Electronic Filing Menu

Corporate Filing Menu

## H190001584593

## 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.

lame of the limited liability company: JBSMA LLC							
	(b)						
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
4207 INDIAN BAYOU TRAIL #2915				·	<del>-</del>		
DESTIN, FL 32541							
01/29/2018	L1	8000025910	<u> </u>	28:			
Date of filing/registration in Florida	4.	Document	t number	HAY			
LEGALING CORPORATE SERVICES INC			Š	<del>-</del>			
Registered Agent and Registered Office shown on the records of	f the Florida De	pt, of State:	33.5 7.3.5	Ω.			
5237 SUMMERLIN COMMONS BLVD STI				D	-		
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		CERIO	بب 			
FORT MYERS ,	L 33907	<del></del>	<del>-</del> -	J			
BOCKET LAWYER CORPORATE SERVI							
Enter name of NEW Registered Agent and/or NEW Register		<u></u> :					
155 OFFICE PLAZA DRIVE, 1ST FLOOR							
NEW Registered Office Address:		-					
TALLAHASSEE	32301	<del></del>					
e limited liability company is not organized under the change or changes are made, the Florida street address it will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member articles of organization or the operating agreement of the contraction of th	aws of the S of the registe liability con s of the limit	pany, it is hereby of ed liability compan	onfirmed th	at the c	hange(s)		
articles of organization of the operating agreement of the	JESS	ICA SCHOLL, AUT	HORIZED R	<b>EP</b> RES	BENTATIVE		
mature of a member or authorized representative of a member		Printed or	typed name of	signee	·		
y preby accept the appointment as registered agent and a visions of all statutes relative to the proper and comple obligations of my position as registered agent as proving the reflect a change in the registered office address,	igree to act i te performat ded for in Cl	n this capactty. I fi nce of my duties, an napter 605, F.S. Or norm that the limite	arther agree ad I am famil r, if this docu ad liability co	to com lar with iment is impany	ply with the h and accep h being filed has been		

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

4190001584593