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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: _

J.P. FLON, 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:

Priscilla Durandisse. Name of Person

J. P. Flon, LLC Firm/Company

264 Millet Civicle Address

Cantonment,	FL	32533					
City/State and Zip Code							

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

For further information concerning this matter, please call:

Priscilla Durandisseat (\$50)454 - 6364Name of PersonArea 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



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.

I. Na	me of the limited liability company: <u>J.P. Flo</u>	n, L	LC_				
2. (a)	264 <u>Hillet</u> <u>Circls</u> Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (b)	Ma	Hille -> Circle Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Cantonment FL 32533	_	Cantor	nnen+,	FL	32533	
	<u> </u>	_		L.S			
	Date of filing/registration in Florida	_) <u>0095</u>			
3	Date of filing/registration in Florida	4.	D	ocument ni	imber		
	<u>United States Corporation Ac</u> Registered Agent and Registered Office shown on the records of th <u>13302 Winding Oak Sourt</u> Registered Office Address <u>(MUST BE FLORIDA STREET AL</u> <u>Site A</u> <u>Tampa</u> , FL <u>Priscilla Durandisse</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address</u> : <u>264 Millet Chr. Clc</u> <u>NEW</u> Registered Office Address:	<u>DRESS)</u> <u>3</u> 3 (2 1 2 		SECRETANSSEE, FI ON	APPRIOT CTATE	
f the li	<u><i>P. Cantonnent</i></u> , FL_ mited liability company is not organized under the laws	s of the S	tate of Flori	da, it is here	by conti	rmed that after	
he chai igent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limit mited lia	ered office a 1pany, it is h ed liability c ibility compa	nd the busir rereby confi- company or any.	ness offic rmed tha	te of the registere t the change(s) vise provided in	

Priscella Dugachsse Signature of a member or authorized representative of a member-

Fiscilla Durandisse Printed or typed name of signee

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.

Pundly Dunanchsee Signature of Registered Agent

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