

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.

(((H200001603413)))



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 Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Fest 1	Addnoses	
EM911	Address:	 1

LLC REGISTERED AGENT CHANGE JB MUNDI LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONG

To: 18506176383 From: 14693173436 Date: 05/28/20 Time: 5:19 PM Page: 02/02

(((H200001603413)))

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.

(a)	Principal office address of limited liability company.	(8)	(b)		
	(Note: MUST BE STREET ADDRESS) 791 Crandon BLV. Ocean Tower 2, Unit 403	7	P91 Crandon Bl.V. Ocean Tower 2, Unit 403		
	Miami, FL 33149		Miami, FL 33149		
	07/23/2018		18000177074		
	Date of filing/registration in Florida	4.	Document number		
(a)					
(-)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	f the Florida Do	ept of State.		
	Registered Office Address				
	1200 SOUTH PINE ISLAND ROAD 250		1920		
	PLANTATION, F	L_33324	2020 HAY 29		
(L)					
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	<u></u>		
	LEGALINC CORPORATE SERVICES INC.	AH 10: 02			
	NEW Registered Office Address				
	5237 SUMMERLIN COMMONS BLVD, SUITE 400				
	FORT MYERS,, I				

RODOLFO LENCI RODOLFO LANCA Printed or typed name of signee Signature of a member or authorized representative of a member

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.