

LIB000183177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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AUG 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JU & GUI ENTERPRISE 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:

KAROLINA TORRES

Name of Person

KTORRES SERVICES CORP

Firm/Company

600 S FEDERAL HWY STE 207

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

KTORRES@KTORRESSERVICES.COM

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

For further information concerning this matter, please call:

KAROLINA TORRES at (954) 380-0755
Name of Person 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

**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. Name of the limited liability company: JU & GUI ENTERPRISE LLC

2. (a) 20437 STATE ROAD 7 (b) 20437 STATE ROAD 7

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUITE C-7

BOCA RATON, FL 33498

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

suite C-7

BOCA RATON, FL 33498

07/31/2018

L18000183177

3. Date of filing/registration in Florida 4. Document number

5. (a) PRIME INCOME TAX AND ACCOUNTING LLC

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

23269 STATE ROAD 7

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 119

BOCA RATON, FL 33428

(b) KTORRES SERVICES CORP

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

600 S FEDERAL HWY

NEW Registered Office Address:

SUITE 207

DEERFIELD BEACH, FL 33441

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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.

[Signature]
Signature of a member or authorized representative of a member

MARCIO PEREIRA DA SILVA

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.

[Signature]
Signature of Registered Agent

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