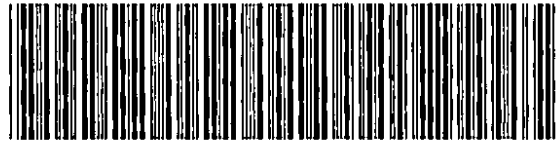


L18000224786



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11/05/18--01011--018 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 15 2019
T. L. SHERMAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JJSB Publishing 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:

Julia Kantecki

Name of Person

JJSB Publishing LLC

Firm/Company

3215 Butler Bay Drive North

Address

Windermere, Florida 34786

City/State and Zip Code

jkantecki@gmail.com

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

For further information concerning this matter, please call:

Julia Kantecki

Name of Person

at (_____)

321 331 1066

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2018

JULIA KANTECKI
3215 BUTLER BAY DR N
WINDERMERE, FL 34786

SUBJECT: JJSB PUBLISHING LLC
Ref. Number: L18000224786

We have received your document for JJSB PUBLISHING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 218A00023796

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: JJSB Publishing LLC

2. (a) 3215 Butler Bay Drive North (b) 3215 Butler Bay Drive North

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Windermere

Windermere

Florida 34786

Florida 34786

9.21.2018

L18000224786

3. 9.21.2018 Date of filing/registration in Florida

4. L18000224786 Document number

5. (a) 

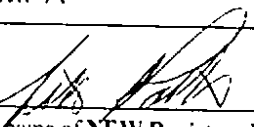
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

13302 WINDING OAK COURT A, TAMPA,

TAMPA, FL 33621

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

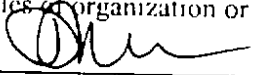
PORTA, SCOTT

NEW Registered Office Address:

1601 Tionia Road

New Smyrna Beach, FL ~~34786~~ 32168

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.



Julia Kantecki

Signature of a member or authorized representative of a member

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 of Registered Agent

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

2019 JAN 21 11:06

TALLAHASSEE, FL

2019 JAN 21 11:06

FILED