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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

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## LLC REGISTERED AGENT CHANGE JMOB & ASSOCIATES LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMBANY

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. Na	nme of the limited liability company: JMOB &	Associate	s LLC	
2. (a)		(b)		
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	2315 72ND AVE. E	2315	72ND AVE. E	
	SARASOTA, FL 34243	SARAS	SOTA, FL 34243	
	08/08/2019	L1900	0195857	
3.	Date of filing/registration in Florida	<b>-</b> 4.	Document number	
	O'RDIEN LAWDENCE 1			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of S	tate:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	2315 72ND AVE. E		<b>)20 f</b> Tai	
	SARASOTA , FI	34243	1020 FEB -4 DECRETARY TALLARYA	
	Registered Agents Inc.		W. The state of th	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	7901 4th St N		AMII: 03  OF STATE SEEL, FL	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	L33702	<u> </u>	
the change agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered off iability company, i of the limited liabi	ice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
	TRILLE TELL.  ature of a member or authorized representative of a member	Riley Park		
		, ,	Printed or typed name of signee	
provis the ob to mer notifie	thy accept the appointment as registered agent and agent on a specific solution of all statutes relative to the proper and complete ligations of my position as registered agent as provided in the registered office address. It is writing of this change.  Bill Havre - Assistan	e performance of n ed for in Chapter ( hereby confirm th	apacity. I further agree to comply with the we duties, and I am familiar with and accept 305, F.S. Or, if this document is being filed at the limited liability company has been	
	Bill Havre - Assistat	nt Secretary		