## L20000096018

(Red	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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SECRETARY CONTRACTOR

RA Change

JAN 31 202 D CUSHII

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	JBLA Properties, LEC			
		Name of Limited L	iability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	I Office Change and	fee(s) are submitted for	filing.
Please	return all correspondence concernit	ng this matter to the	following:	
Jennife	r Swaringe			
	Name of Person	<del></del>		
JBLA I	Properties, LLC			
	Firm/Company		<u> </u>	
361811	Eastlake Rd #292			
	Address			
Palm H	arbor, FL 34685			
	City/State and Zip Co	ode		23
ysmithp	prop@gmail.com			2022
Ē	-mail address: (to be used for future	annual report notif	rication)	12 BT 10 T
For fur	ther information concerning this ma	itter, please call:		28 1984 1985
Jennifer	r Swaringen	727 at (	415-9318	905 PH 400
	Name of Person	•	Area Code & Daytim	e Telephone Number 🕳
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ations hhassee treet, Suite 810
	Enclosed is a check for the follow	wing amount:		
	■ \$25 Filing Fee	<u> </u>	55 Filing Fee & Certific	d Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH I LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Flo

1. Na	ame of the limited liability company:	s, LLC					
2 (a)		<b>(l</b> -	)				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0		Mailing address of (Note: MAY BE			
	3766 Mullenhurst Drive		36181 East	tlake Rd #292			
	Palm Harbor, FL 34685	<u> </u>	Palm Harbo	or, FL 34685			
	04/03/2020		L200000960	018			
3.	Date of filing/registration in Florida	4.		Document num	ıber		
5 (~)	Jennifer Swaringen						
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	<del>-</del> e:			
	Jennifer Swaringen		•				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	-			
	3766 Mullenhurst Drive			_			
	Palm Harbor, F	L_34685		_			
(b)	Bryan T. Smith				전통	2022 OCT	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	<del>-</del>	<b>一周</b>	001	कारू स्टब्स
	Bryan T. Smith- Manager				15 A S	28	79
	NEW Registered Office Address:			_		PX	
	36181 Eastlake Rd # 292			_	15	ի։ 18	775
	Palm Harbor	34685			: 1	-	
change agent v was/w the art Signa I here provise the obt to mer novite	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leare authorized by an affirmative vote of the members icles of organization of the operating agreement of the distribution of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If the of Registered Agent	e registere iability co of the limited l	ed office and mpany, it is ited liability com iffer Swaring in this capa ance of my a	d the business of shereby confirm by company or as apany.  Printed or typed and city. I further adulies, and I am	office of the ned that the so therwise name of signeragree to contamiliar w	regist chan provi	tered ge(s) ded in with to d acc