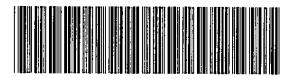
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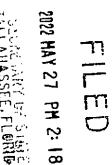
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only State / Elph Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: JBJ Service Enterp. Name of Limited Lia	rise LLC ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ce(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Johnnie B. Jones	_
Name of Person JOJ Service Enterprise Firm/Company	140
732 Carter ST	_
Oplando 7/4 32805 City/State and Zip Code	_
blone568 @ gmail., com E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call: Johnne 3: Jones at (407) Name of Person	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

\$\$ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Lursuant 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.

	ar the following material in the control of	-		-		Ž
I. Na	ame of the limited liability company:	JBJ SERV	ILE ET	WERPR.	st 4	<u>L,C.</u>
2. (a)	Principal office address of limited liab	mity company.	• (b)	Maning address	50939 of limited liabilit BE POST OFFI	y company.
	732 Carter ST			O. Box		
	Octando, 74. 32:	805	DR	lando,	F/4. 3Z	2855
3.	05/12/2020 Date of filing/registration in		,	000012 Document m		
5. (a)	LEGALING Coporate Registered Agent and Registered Office show	n on the records of the F	ZNC.	itate:		
			· · · · · · · · · · · · · · · · · · ·			
	Registered Office Address (MUST BE FL) 5237 Symmer/	ORIDA STREET ADD.		400	SENGETARY 27	T]
	FORT Myens, FT	, <u>4. </u>	3907	<u></u>	Y 27	
(b)	Johnnie B. Jones	5				
	Enter name of <u>NEW Registered Agent</u> and/o	NEW Registered Offic	ce address:		S 2: 1	
	732 (anter 5	T		_	東西 20	
	NEW Registered Office Address: 732	Carter ST				
(Delando	, FL	37.80	5		
change agent w	imited liability company is not organiz or changes are made, the Florida stree vill be identical. Or, in the case of a Fl	t address of the regi orida limited liabilit	stered office a y company, it	and the business is hereby confi	office of the r	egistered change(s)
was/we the artic	ere authorized by an affirmative vote of cless of organization or the operating as	the members of the greement of the limit	ed liability or	onipany.		provided in
Signac	tire of a member or authorized representative of	f a member	JUHAHI	Printed or types	d name of signee	
provisio the obli to mere	by accept the appointment as registered ons of all statutes relative to the properigations of my position as registered as dy reflect a change in the registered of Lin writing of this change.	d agent and agree to r and complete perfo gent as provided for fice address, I hereb	act in this ca ormance of m in Chapter 60 by confirm tha	pacity. I furthe y duties, and I a 95, F.S. Or, if y it the limited lia	r agree to com in familiar wit his document i hility company	ply with the h and accept s being filed has been
Signatur	re of Revistered Avent					

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