

(((H23000038812 3)))



H230000388123ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

٠,

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

Phone : (407)841-1200 Fax Number : (407)423-1831

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

Email Address:____

LLC REGISTERED AGENT CHANGE JONBO INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To:

(((H23000038812 3)))

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. N	ame of the limited liability company: JONBO INVES	TMENTS	, LLC			1.100 = 1
2. (a)		ı	ы			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·		Mailing address of h (Note: MAY BE)	mued liabil	ity company;
	698 N. Maitland Avenue, Suite 203			aitland Avenue, Su		
	Manland, FL 32751			FL 32751		
	April 20, 2021		1,21000183	119		
3.	Date of filing/registration in Florida	— 4.		Document numb	oer	
5. (a))					
	Registered Agent and Registered Office shown on the records of Enurence J. Pino, P.A.	f the Floric	in Dept. of Stat	ee:		
	Registered Office Address	TADDRES	<u>3)</u>	_		
	99 S. New York Avenue				. •	
	Winter Park				2	2023
				_		(I* Z
(b)						30 ,
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:		-	• •
	Dean Mead Services, LLC				-	DŘ.
	NEW Registered Office Address:				등: 1 보기	- :
	420 S. Orange Avenue, Suite 700	1		_	₹	ယ
	Orlando . F					
change agent was/w the art	fimited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the legical part of the member of authorized representative of a member	iws of the e register iability e of the lir e limited	state of Flood of Grand of State of Grand of Gra	orida, it is hereby d the business off s hereby confirm y company or as ipany.	fice of the ad that the otherwise	registered change(s) provided in
	V	rena la na	t in this was		-	
provis the ob- to mer notifie Dean N	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I directly religion of this/change. The of Repistered Agent	z nertorn	ance of my a	duties and Lanct	amiliar w	uth and accept
Stephe	in K. Looney, vice President of Soft Member			_		
	Division of Corporations • P.O.	Box 632	7• Tallahas	ssee. FL 32314		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00