

621000212502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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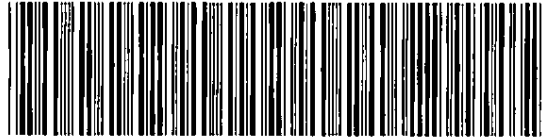
(Business Entity Name)

(Document Number)

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2023 OCT -2 AM 9:43  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jones & Jones Capital Management Group 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:

Danny Jones  
Name of Person

Jones and Jones Capital Management Group LLC  
Firm/Company

8820 NW 5th St  
Address

Pembroke Pines FL 33024  
City/State and Zip Code

dannyjones36@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Jones at ( 678 ) 480 4149  
Name of Person Area Code & Daytime Telephone Number

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  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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**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: Jones and Jones Capital Management Group LLC

2. (a) 8820 NW 5th St (b) 8820 NW 5th St

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Pembroke Pines

Pembroke Pines

Florida 33024

Flomora 33024

9/26/23

L21000212502

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agents  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th St N Ste 300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg, FL 33702

(b) Denny A. Jones  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8820 NW 5th St

NEW Registered Office Address:

St

Pembroke Pines, FL 33024

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.

Denny A. Jones  
Signature of a member or authorized representative of a member

Denny A. Jones CEO  
Printed or typed name of signer

*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.*

Denny A. Jones  
Signature of Registered Agent

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