

1210000444355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

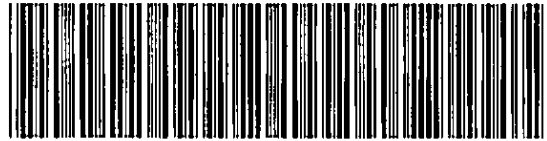
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC -6 AM 8:15

FILED

RA Change

FEB 28 2023

D CUSHING

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 FAX: (800) 388-0330
EMAIL: filings@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: Wednesday, November 30, 2022

FROM: Filings Dept.

Client Matter: # 1906029

TO: Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ATTN: DOCUMENT FILING DIVISION

RE: **JAMC CAPITAL LLC**

Enclosed is one of the following: **(X) Statement of Change of RA**

Return request via following: **(X) Mail**

Total Page(s) attached including transmittal page: (5)

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET, COMMERCE, CA 90040****

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S): CHECK #996688 \$25

2022 DEC -5 AM 9:15

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMC CAPITAL 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:

MARIA SANFORD

Name of Person

ACS

Firm/Company

5668 E. 61ST STREET

Address

COMMERCE, CA 90040

City/State and Zip Code

WOOCPA@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA SANFORD

800

462-5487

at (_____) _____

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

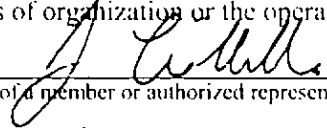
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2022 DEC -6 AM 8:15

**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: JAMC CAPITAL LLC
2. (a) 8652 CATHEDRAL OAKS PLACE WEST
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
JACKSONVILLE, FL 32217
- (b) 8652 CATHEDRAL OAKS PLACE WEST
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
JACKSONVILLE, FL 32217
3. 11/17/2021 Date of filing/registration in Florida
4. L21000494855 Document number
5. (a) LEGALINC CORPORATE SERVICES INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5237 SUMMERLIN COMMONS
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
STE 400
FORT MYERS, FL 33907
- (b) JEFFREY CIALLELLA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
8652 CATHEDRAL OAKS PLACE WEST
NEW Registered Office Address:
JACKSONVILLE, FL 32217

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.


Signature of a member or authorized representative of a member

JEFFREY CIALLELLA

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.


Signature of Registered Agent