122000459409

·	(Requestor's Name)
. <u></u>	(Adcress)
	(Address)
	(2001622)
	(City/State/Zip/Phone #)
	(Business Enlity Name)
	(Document Number)
opies	Certificates of Status
istructions to	Filing Officer:
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	Office Use Only

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2023 APR 28 AH II: 30

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MAY - 1 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE : 707957 8264125

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AUTHORIZATION

nelselenan 25.00

COST LIMIT : Us

ORDER DATE : April 27, 2023

ORDER TIME : 8:43 AM

ORDER NO. : 707957-005

CUSTOMER NO: 8264125

CHANGE OF AGENT

NAME: JBB FORTY TWO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

JBB Forty Two, LLC

SUBJECT:

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:

Lauren Kastrinos

Name of Person

Mannis Operations LLC

Firm/Company

145 Soundings Ave., Suite 210

Address

Jupiter, FL 33477

City/State and Zip Code

annette@mannisgroup.com

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

For further information concerning this matter, please call:

Annette Baker	561 454-8661 at ()	454-8661	
Name of Person	Area Code & Daytime Telephone Nur	nber	
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	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

INHS18 (2/14)

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.

l Na	me of the limited liability company:	LLC			
2. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	145 Soundings Ave., Suite 210		145	Soundings Ave., Suite 210	
	Jupiter, FL 33477		Jupi	iter. FL 33477	
	10/25/2022		L220	00459409	
3.	Date of filing/registration in Florida	- 4.	<u>.</u>	Document number	
5. (a)					
(u)	Registered Agent and Registered Office shown on the records of Lauren Kastrinos	the Flor	ida Dept.		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE	<u></u>	023	
	145 Soundings Ave., Suite 210			2023 APR	
	Jupiter, FL		,	28	
(b)					
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:		
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	32301			
hange gent w vas/we he artie	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the waren Kastrinos	vs of th registe ibility (of the li limited	e State red offi company mited li l liability	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
`				astrinos	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	

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 chapge.

brenson, Aup lad-XX Signature of Registered Agent

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