

# L22000536303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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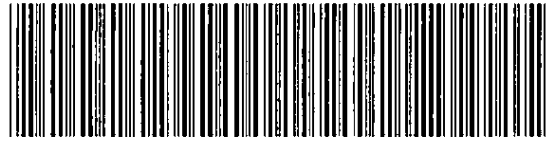
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CMJB Holdings LLC.  
Name of Corporation

DOCUMENT NUMBER: L22000536303

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Barlow  
Name of Contact Person

CMJB Holdings LLC  
Firm/Company

5275 Siripon Rd  
Address

Milton, FL 32570  
City/State and Zip Code

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

For further information concerning this matter, please call:

Charles Barlow at ( 850 ) 736-0705  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: CMJB Holdings LLC

2. (a) 5275 Siripon Rd Milton, FL 32570 (b) 5275 Siripon Rd  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Milton, FL 32570

3. 12-23-2022 4. L22000536303  
Date of filing/registration in Florida Document number

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

5275 Siripon Rd  
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  
Milton, FL 32570  
\_\_\_\_\_, FL \_\_\_\_\_

(b) David Roberts Registered Agents Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

9901 4th St N. Ste. 300  
NEW Registered Office Address:  
St. Petersburg, FL 33702  
\_\_\_\_\_, FL \_\_\_\_\_

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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.

Charles Barlow  
Signature of a member or authorized representative of a member

Charles Barlow  
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 change.

David Roberts  
Signature of Registered Agent