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(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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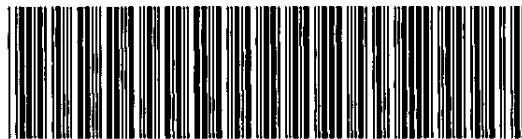
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OCT 5 2012

EXAMINER



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10/03/12--01017--011 \*\*50.00

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12 OCT -3 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Corporate Direct, Inc.

2248 Meridian Boulevard, Suite H  
Minden, Nevada 89423

775-782-2201 - Main  
775-782-2611 - FAX  
775-284-7167 - Lisa Direct

September 18, 2012

Secretary Of State  
Florida

Re: JNF Enterprise LLC

Dear Clerk:

Enclosed please find one original and one copy of the Change of Registered Agent and Amendment for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your continued courtesy. Please do not hesitate to call me if you have any questions.

Best Regards,



Lisa Shults

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JNF ENTERPRISE, 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:

Lisa Shults

Name of Person

Corporate Direct, Inc.

Firm/Company

2248 Meridian Blvd., Ste., H

Address

Minden, NV 89423

City/State and Zip Code

lshults@corporatedirect.com

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

For further information concerning this matter, please call:

Lisa Shults

Name of Person

at ( 775 )

284-7167

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: JNF ENTERPRISE, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

428 CHILDERS STREET  
PENSACOLA, FL 32534

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

06/17/2011

M11000003115

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

FAMILETTE, JESSICA

Registered Office Address:

428 CHILDERS STREET  
PENSACOLA, FL 32534

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

GERRI DETWEILER

**NEW** Registered Office Address:

1037 GREYSTONE LANE

**(MUST BE FLORIDA STREET ADDRESS)**

SARASOTA, FL 34232

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.

Jessica Familette  
Signature of a member or authorized representative of a member

JESSICA FAMILETTE

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 608, 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]  
Signature of Registered Agent

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