## M 15000 000 702

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



900327835339

900327835339 04/12/13--01027--019 ++25.00

2019 APR 12 PM 4: 28

APPROVLU AND FILED

## **COVER LETTER**

| TO: Registration Section Division of Corporations            | ••  |
|--|---|
| SUBJECT: JCAL Florida  | LLC   |
| Name of Limited  | Liability Company                           |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office Change a     | and fee(s) are submitted for filing.        |
| Please return all correspondence concerning this matter to t | he following:                               |
| Philip S. Shapiro  |   |
| Name of Person   |   |
| •  |   |
|  | 2019 APR 1                                  |
| Firm/Company   |   |
| Firm/Company 4951 Bacopa Lane Sou                            | H- 7603 PR DE                               |
| Address  |   |
| St. Petersburg, FL 337                                       | 115   |
| City/State and Zip Code                                      | <del></del>                                 |
| philshapiro 608@gmail.co                                     | i M   |
| E-mail address: (to be used for future annual report no      | otification)                                |
| For further information concerning this matter, please call: |   |
| Philip S. Shapiro al   | 571-218-2237                                |
| Name of Person   | Area Code & Daytime Telephone Number        |
| STREET/COURIER ADDRESS:                                      | MAILING ADDRESS:                            |
|  | Registration Section                        |
|  | Division of Corporations                    |
| •  | P.O. Box 6327<br>Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301                                   | Taranasse, Florida 52511                    |
| Enclosed is a check for the following amount:                |   |
| S25 Filing Fee   | \$55 Eiling Kee & Cartified Come            |

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

| Pioriaa.   |
|--|
| 1. Name of the limited liability company: JCAL Florida, LLC  |
| 2. (a) Jeffrey O. Bacon (b) Jeffrey O. Bacon   |
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|  |
| 3143 East Lydius St. 3143 East Lydius St. Schenectady, NY 12303 Schenectady, NY 12303  |
|  |
| 1/28/2015 M 15 000 000 702   |
| 3. Date of filing/registration in Florida 4. Document number   |
| 5. (a) Business Filings Incorporated   |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  515 East Park Avenue  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |
| The state of the s |
| Tallzhassee ,FL 32301  |
| (b) Konald W. Gregory, II, Esq.  |
| Enter name of NEW Registered Agent and/or NEW Registered Office address:   |
| 3801 Park Street North-Suite 4   |
| NEW Registered Office Address:   |
| St. Petersburg, FL   |
| EL 33709   |
| 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 ordanization or the oberating agreement of the limited liability company.  |
| Signature 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<br>the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed<br>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.  |

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