## P24000056314

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





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09/18/24--01016--010 \*\*35.00

9/24 KY

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: JBLT MANUFACTURING, INC Name of Corporation	
DOCUMENT NUMBER: P24000056314	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
LINH TRAN	
Name of Contact Person	
JBLT MAUNFACTURING, INC	
Firm/Company	
23269 STATE RD 7, SUITE 111	
Address	
BOCA RATON, FL 33428 City/State and Zip Code	<del></del>
•	
LINHTRAN2962@YAHOO.COM	
E-mail address: (to be used for future annual repor	i notification)
For further information concerning this matter, please of	call:
LINH TRAN	at (561 \ )609-9748
Name of Contact Person	at ( 561 ) 609-9748  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	ment of State.
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of FLORIDA
	der to change its registered office or registered agent, or both, in the State of Florida.
I. The name of	f the corporation: JBLT MANUFACTURING, INC
	al office address; 23269 STATE RD 7, SUITE 111, BOCA RATON, FL 33428
•	address (if different):
4. Date of inco	prporation/qualification: 09/04/2024 Document number: P24000056314
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	LINHTRAN
	9274 SW 5TH ST, APT B
	BOCA RATON, FL 33428
6. The name ar (if changed)	nd street address of the new registered agent (if changed) and /or registered office:
	LINHTRAN
	23269 STATE RD 7. SUITE 111
	P.O. Box NOT acceptable
	BOCA RATON, FL. 33428
The street add as changed wi	ress of its registered office and the street address of the business office of its registered agen Il be identical.
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
•	LINH TRAN, DIRECTOR/PRESIDENT
Signa	ture of an Printed or typed name and title
of my duties, a document is be	ot the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete performant ind I am familiar with and accept the obligation of my position as registered agent. Or, if the eing filed merely to reflect a change in the registered office address. I hereby confirm that the as been notified in writing of this change.
-	ignature of Registered Agent Date
S	ignature of Registered Agent Date
lf signing on b	pehalf of an entity:
LINH TRAN	
	Typed or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)