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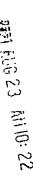
(Requestor's Name)					
	_				
(Ad	dress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	isiness Entity Nar	me)			
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Certified Copies	Certificates	s of Status			
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Special Instructions to Filing Officer:					





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COVER LETTER

	gistration Section rision of Corporations		
SUBJECT	JACKSONVILLE JET CENTER,	LLC	
SOBJECT		Liability Company	
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered C	Office Change a	nd fee(s) are submitted for filing.
Please retur	rn all correspondence concerning	this matter to the	ne following:
Damaso W.	Saavedra		
	Name of Person	•	
Saavedra-Go	oodwin		
	Firm/Company		
888 S.E 3rd	Avenue, Suite 500		
	Address		
Fort Laudero	dale, Florida 33316		
	City/State and Zip Code	2	
dpazo@saav	law.com		
E-mai	address: (to be used for future a	innual report no	tification)
For further	information concerning this matt	er, please call:	
Deanna Pazo)	954 at (767-6333
	Name of Person		Area Code & Daytime Telephone Number
Re Div P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the followi	ng amount:	
	\$25 Filing Fee	ū	\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

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. Na	me of the limited liability company:	JET CF	ENTER, LLC	
2 (a)		(b)	
<i>_</i> . (<i>u</i> ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4860 NE 12TH AVENUE		4860 NE 12	2TH AVENUE
	FORT LAUDERDALE, FL 33334	_	FORT LAU	JDERDALE, FL 33334
	09/23/2002		L020000249	94
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	Saavedra, Damaso W, Esq.			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Floric	a Dept. of State	1. AUG 23
	Registered Office Address (MUST BE FLORIDA STREET A	<u></u>	- -	
	312 S.E. 17th Street Second Floor			
	Fort Lauderdale FL	33316		
	,			AH 10: 22
(b)				22
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress;	*
	Saavedra, Damaso W, Esq.			
	NEW Registered Office Address:			•
	888 S.E 3rd Avenue, Suite 500			
	Fort Lauderdale , FL	33316		
change agent v was/we the arti Signar I herei provisi the oblice of the mercinotified	imited 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 cre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member of a member of a member of a member of all statutes relative to the proper and complete pigations of the position as registered agent as provided by reflect a change in the registered office address. In a limitariting of this change.	register bility c f the lir limited	red office and ompany, it is mited liability liability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signce