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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	• #)
	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRELARY OF STATE
SECRELA

D. SCOTT APR 2 5 2017

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC				<u> </u>
Name of Limited Liability Company				
Dear Sir	or Madam:			
The encl	osed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.	
Please re	turn all correspondence concerning this	matter to the fo	llowing:	
01	Name of Person	OBARI	2 (
CA	SA JUNO L	_LC		
101	60 ASPEN WANTED	JAY		
1 CA	BEACH GARDEN City/State and Zip Code LSA JUNOLLC @ G.M. nail address: (to be used for future annual	AIL · CO !	^	FILED APR 24 PN 3 33 SECRETARY OF STATE TALLAMASSEE, PLORIDA
For furth	er information concerning this matter, p	lease call:		TE OFF
Oliva	Name of Person	at (561	, 379-4079	£₩ 88
	Name of Person	_ at (Area Code & Daytime Telepho	one Number
1 1 (2	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Callahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
1	Enclosed is a check for the following a	mount:		
5	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	

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.

1. Na	ne of the limited liability company:CASA JUNO LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) O G O ASPEN WAY Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PALM BEACH GARDENS PALM BEACH GARDEN FL. 33410 FL 33410
•	3-29-2013 L13000046936
3. 5. (a)	Date of filing/registration in Florida 4. Document number CLIVER J- LONGOBARD Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Oloo Aspen West BE FLORIDA STREET ADDRESS)
(b) .	PALM BSACH GARDENS, FL 33410 Enter name of NEW Registered Agent and/or NEW Registered Office address:
Ţ	NEW Registered Office Address: 10160 ASPEN WAY PALM BEACH GARDENS FL 33440
If the litthe charagent was/we the article Signate I hereb provisite the oblito mere notified	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a cless of organization or the operating agreement of the limited liability company.

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