## 45000 206542

<u> </u>				
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
(1.9.2)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
One Control Control				
Certified Copies Certificates of Status				
<del></del>				
Special Instructions to Filing Officer:				

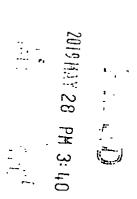
Office Use Only



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DUN 1 3 2019



## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		
	Name	of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this i	nutter to the following:
Benja	min Gene	
	Name of Person	
Keyes	s Property Management	
_	Firm/Company	
4301	N Federal Highway, Ste. 2	
···	Address	
Pomp	ano Beach, FL 33064	
	City/State and Zip Code	
Bgene	e@keyespm.com	
E	-mail address: (to be used for future annua	report notification)
For fur	ther information concerning this matter, ple	ease call:
Benjai	min Gene	561-598-5760
	Name of Person	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 an	iount:
	☑ \$25 Filing Fee	S55 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	une of the limited liability company: 2JLS	LLC			
2. (a)	990 Biscayne Blvd	(b)			
2. ()	Principal office address of limited liability co (Note: MUST BE STREET ADDRESS Office 701	npany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33132				
	12/10/2015	L1500	0206542		
3. (a)	Date of filing/registration in Florida Fiducial Jade INCE	4,	Document number		
(2)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  990 Biscayne Blvd				
	Registered Office Address (MUST BE FLORIDA  Office 701	STREET ADDRESS)	2019 H		
	Miami	FL_33132	28		
(b)	Benjamin Gene Enter name of NEW Registered Agent and/or NEW	Registered Office address			
	4301 N Federal Highway		t - t -		
	NEW Registered Office Address: Suite 2		<del></del>		
	Pompano Beach	. FL 33132			
he chai igent w was/we he artic	mited liability company is not organized und age or changes are made, the Florida street and ill be identical. Or, in the case of a Florida I re authorized by an affirmative vol. of the ma- eles of organization or the operators agreeing are of a member or authorized representative of a member	ddress of the registered of imited liability company, embers of the limited liability of the lim	Tice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.  Printed or typed name Ill signee		
provice the obli to mere notified	e accept the appointment as registered agent ons of all statutes relative to the proper and a gations of my position as registered agent as by reflect a change in the registered office ad in writing of this change.	omplele performance of i provided for in Chapter	my duties, and I am familiar with and accept		
- Sigmuun - HS18 (2/1		• P.O. Box 6327• Tallal LING FEE: \$25.00	hassee, FL 32314		