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(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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Certified Copies	_ Certificate	s of Status					
Special Instructions to	Filing Officer:						
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: JESCA LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
Marie-Sophie Colleye	·				
Name of Person					
REGISTERED AGENT INC					
Firm/Company					
3030 N ROCKY POINT DR STE 150 A					
Address					
FL 33607	بر بر م د د د د بر				
City/State and Zip Code					
sophco_fr@yahoo.fr					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:				
REGISTERED AGENT	at (001) 813 575-1161				
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	g amount:				
2 \$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.

l. Na	JESCA INVES	ST LLC				
. (a)	3030 N ROCKY POINT DR STE 150 A Principal office address of limited liability company:	(b)	Mailing address of	limited liability	company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BI	•	• •
	SEPT 15 2016		L 16000)172946		
. (a)	Date of filing/registration in Florida PATRICK VIVIES CPA PA	4.		Document nur	mber	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 700 E DANIA BEACH BLVD STE 202			tate:	_	* #W
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	2		- 0	CARETARY CANASSI
	DANIA ,FL	33004		_	•	ا رسیم و میر
(b)	Registered Agents Inc.		<u> </u>			유 3:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Registered Agents Inc.	Office add	dress:			58 BA
	NEW Registered Office Address: 3030 N. Rocky Point Dr. STE 150A			······		
	Tampa, FL	FL336	07			
he cha gent v vas/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registability confiderate in the confiderate in the limits of the limits are the limits of t	stered off ompany, i nited liabi liability c	ice and the busin t is hereby confir lity company or a ompany.	ness office of rmed that the as otherwise p	the registered change(s) provided in
	ture of a member of authorized representative of a member			Printed or typed		
rovisi he obi o mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act perform d for in (hereby c	t in this co ance of m Chapter 6 onfirm th	apacity. I further ny duties, and I a 605, F.S. Or, if th at the limited liab	r agree to con m familiar wi his document bility compan	nply with the th and accep is being filed y has been
Bu	Dill Hours / Assistant Coursts	ar				

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

Signature of Registered Agent