ACSOUCIUS

(Re	questor's Name)			
(Address)				
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



700273835987

06/15/15--01012--026 **35.00

SECRETARY OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATION

JUN 1 7 2015

8 MASON



June 10, 2015

Registration Section
Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

re: Change of Registered Agent

To whom it may concern:

It is our desire to change the Registered Agent for the following 6 partnerships

1)	J-3 Land Partners, Ltd.	Doc #A22699
2)	J-4 Land Partners, Ltd.	Doc #A32046
3)	J-5 Land Partners, Ltd.	Doc #A9900000573
4)	J-7 Land Partners, LLLP	Doc #A08000001068
5)	J-8 Land Partners, LLLP	Doc #A12000000115

6) J-9 Land Partners, LLLP Doc #A13000000400

Accordingly, I have enclosed a cover letter, signed Change Registered Agent Form and \$35.00 check payable to the Florida Secretary State for EACH of the partnerships listed above.

I trust that you will process and file the 6 changes at your earliest convenience.

Thank you for your assistance,

Ruhard P. Juffe

Richard P. Jaffe

Individually and as President of The Jaffe Corporation

Encl: 6 cover letters

6 signed Change Agent forms

6 checks

15 JUN 16 AM 8: 28 SECRETARY OF STATE

COVER LETTER

TO:	-	on Section f Corporation	18					
SHRI	IECT:	J-7 LANI) PARTNE	ERS, L	LLP			
JODG	,EC1	Name of Lim	ited Partnership	or Limi	ted Liabilit	y Li	mited Partnersh	nip
DOC	UMENT NI	JMBER:	A08000	0010	58			
	nclosed State are submitte	ement of Cha	ange of Regis	stered C	office and	l/or	Registered A	gent and
Please	e return all co	orrespondenc	ce concerning	g this m	atter to:			
F	UCHARD	P. JAFFE						
	<u> </u>	Contact I	Person			•		
C	C/O THE JA	AFFE COR	PORATIO	N				
		Firm/Con	npany			-		
3	00 N NOV	'A ROAD						
		Addr	ess	-		-		
C	ORMOND I	BEACH, F	L 32174					
T	HEJCORP	City, State and	•			-		
E	-mail address:	(to be used for	future annual re	port not	fication)			
For fu	ırther inform	ation concern	ning this mat	ter, ple	ase call:			
R	ICHARD I	P. JAFFE		at (386)	673-3100	EXT.16
	Name of Co	ntact Person			ea Code an	d D	aytime Telepho	ne Number
Enclo	osed is a \$35.	00 check mad	de payable to	the Fl	orida Dep	part	ment of State	
STRI	EET ADDRI	ESS:			MAIL	INC	ADDRESS	:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. J-7 LAND PARTNERS, LLLP						
Name of Limited Partnership or Limited	Liability Limited Partnership					
2 12/30/2008	3A08000001068					
Date of filing/registration in Florida	Florida document number					
4. The name of the registered agent and the registered office Department of State:	e address as shown on the records of the Florida					
RICHARD P. JAFF	E					
Name						
300 N NOVA ROA	D					
Address						
ORMOND BEACH	I, FL 32174					
City, State and	Zip					
5. The name and Florida street address of the new registered	d agent and/or office:					
THE JAFFE CORP	ORATION					
Name						
300 N NOVA ROA	.D					
Florida street address (P.O. Bo	ox not acceptable)					
ORMOND BEACH	I, _{FL} 32174					
City, State and	Zip					
6. Such change(s) is/are effective when filed by the Florida Bulled P. H. Pros. Signature of General Pariner	Department of State.					

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to

comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Signature of Registered Aper Signature of Registered Agent

Filing Fee: \$35.00 Certified Copy (optional): \$52.50