

A16000000733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

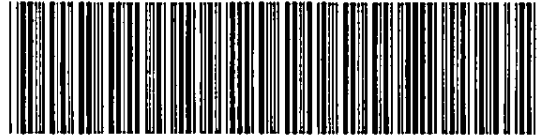
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY

MAY -9 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JNS Partners Of Florida, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A16000000733

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joseph N. Schepis  
Contact Person

Firm/Company  
24400 Pennyroyal Drive  
Address

Bonita Springs, Fl. 34134  
City, State and Zip Code

jschepis10@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph N. Schepis at ( 724 ) 986-0321  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
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. JNS Partners Of Florida, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. Dec. 22, 2016 3. A16000000733  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

HL Statutory Agent, Inc.  
Name  
5811 Pelican Bay Blvd., Suite 650  
Address  
Naples, FL 34108  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Joseph N. Schepis  
Name  
24400 Pennyroyal Drive  
Florida street address (P.O. Box not acceptable)  
Bonita Springs FL 34134  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Joseph N. Schepis Trustee  
Signature of General Partner

*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 and accept the obligations of my position as registered agent.*

Joseph N. Schepis  
Signature of Registered Agent

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

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18 MAY -3 AM 11:05  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2018

JOSEPH N. SCHEPIS  
24400 PENNYROYAL DR.  
BONITA SPRINGS, FL 34134

SUBJECT: JNS PARTNERS OF FLORIDA, L.P.  
Ref. Number: A16000000733

We have received your document for JNS PARTNERS OF FLORIDA, L.P. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 018A00007655

RECEIVED

2018 MAY -3 AM 10:22

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA