

A-22699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN 16 AM 8:27  
TALLAHASSEE, FLORIDA

JUN 17 2015

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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 #A99000000573 |
| 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,

Richard P. Jaffe  
Individually and as President of The Jaffe Corporation

Encl: 6 cover letters  
6 signed Change Agent forms  
6 checks

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J-3 LAND PARTNERS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A22699

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:

RICHARD P. JAFFE

Contact Person

C/O THE JAFFE CORPORATION

Firm/Company

300 N NOVA ROAD

Address

ORMOND BEACH, FL 32174

City, State and Zip Code

THEJCORP@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD P. JAFFE at ( 386 ) 673-3100 EXT.16

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

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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-3 LAND PARTNERS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/09/1986 3. A22699  
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:

RICHARD P. JAFFE

Name

300 N NOVA ROAD

Address

ORMOND BEACH, FL 32174

City, State and Zip

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

THE JAFFE CORPORATION

Name

300 N NOVA ROAD

Florida street address (P.O. Box not acceptable)

ORMOND BEACH, FL 32174

City, State and Zip

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

Richard P. Jaffe, Pres.  
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.*

Richard P. Jaffe, Pres.  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA

15 JUN 16 AM 8:28

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