## A96000001932

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTRACTOR AND CONTRACTOR

OCT 2 5 2013

T. BROWN

## **COVER LETTER**

TO: Registration Section						
Division of Corporations						
	SUBJECT: JSC Partnership, LTD					
Name of Limited Partn	ership or Limi	ited Liabil	ity Limite	ed Partnership		
DOCUMENT NUMBER:	DCUMENT NUMBER: A9600001932					
The enclosed Statement of Change of I fee(s) are submitted for filing.	Registered C	Office an	d/or Reş	gistered Agent and		
Please return all correspondence conce	rning this m	atter to:				
Shelia R Steinber	·g		_			
Contact Person						
JSC Partnership, L	.TD		_			
Firm/Company						
22828 Orange Blossor	n Lane					
Address						
Boca Raton, FL 33-	428					
City, State and Zip Cod	le					
shanaruchal72@g	mail.com					
E-mail address: (to be used for future and		ification)		_		
For further information concerning this	s matter, ple	ase call:				
Sheila R Steinberg	at (	561	)	289-6596		
Name of Contact Person			ınd Daytir	ne Telephone Number		
Enclosed is a \$35.00 check made payal	ble to the FI	orida De	epartmer	nt of State.		
STREET ADDRESS:		MAIL	ING A	DDRESS:		
Registration Section	Registration Section					
Division of Corporations				orporations		
Clifton Building			Box 632			
2661 Executive Center Circle Tallahassee, FL 32301		Tallah	assee, F	L 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.

1JSC Family Partnership, LTD-						
Nam	e of Limited Partnership or Limite	d Liability Limited Par	rtnership			
<del>-2</del> - 1 <del>0</del>	<del>/17/199</del> 6· - — —···	3A96	6000001932			
Date of filing/r	egistration in Florida	Florida d	locument number			
4. The name of the regi	stered agent and the registered off	ice address as shown o	n the records of the Florida			
	JSC Family	Corp.				
	Name					
	1001 NW 62nd	St. #320L				
_	Address		TS T			
	Fort Lauderdale, FL 33309					
_	City, State an	d Zip				
5. The name and Florid	a street address of the new registe	red agent and/or office:	BOCT 24 AM II: 46 BECRETARY OF STATE LLAHASSEE, FLORID			
	JSC Family	Corp.	当			
	Name		LON TO THE			
	22528 Orange Blo	ssom Lane	ABITE S			
Florida street address (P.O. Box not acceptable)						
_	Boca Raton	FL 3342	28_			
	City, State an	d Zip				
6. Such change(s) is/are Signature of General Pa	e effective when filed by the Florid Touble c	la Department of State.				
comply with the provision	pointment as registered agent and a ons of all statutes relative to the pr in accept the obligations of my pos had beent	oper and complete per	formance of my duties,			
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50