A97000002502

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(riot	11033)	
(City	y/State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(53.	z <u>z</u>	,
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: K	CJ Pro	perties	s, Ltđ.	
Name of Limited Partne	rship or Lir	nited Liab	oility Limite	d Partnership
DOCUMENT NUMBER: A97000002502				2
The enclosed Statement of Change of R fee(s) are submitted for filing.	egistered	Office a	ind/or Reg	istered Agent and
Please return all correspondence concern	ning this t	natter to):	
Kelley Renee Jones	S			
Contact Person				
Firm/Company				
P.O. Box 14694				
Address	-			
Ft. Lauderdale, FL 333	302			
City, State and Zip Code			_	
kjones9854@gma	il.com			
E-mail address: (to be used for future annual	al report no	tification)	<u> </u>	
For further information concerning this t	natter, plo	ease call	:	
Kelley Jones	at (561)	310-5638
Name of Contact Person	_	rea Code	and Daytime	: Telephone Number
Enclosed is a \$35.00 check made payable	e to the Fi	orida D	epartment	of State.
STREET ADDRESS:		MAII	LING AD	DRESS:
Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle		Tallah	nassee, FL	32314
Fallahassee, FL 32301				

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	KCJ Prope	erties, Ltd.				
Nar	me of Limited Partnership or Lim	ited Liability Lim	ited Partnersl	nip	•	
~·	1/18/1997	3	A97000	002502		
Date of filing	Date of filing/registration in Florida		Florida document number			
4. The name of the reg Department of State:	gistered agent and the registered o	office address as s	shown on the	records of the Florida		
	Rodney	Jones				
	Nam	ie				
	926 N. Ferd	don Blvd.				
	Addre	ess	· · · · · · · · · · · · · · · · · · ·			
	Crestview, F	FL 32536		p	٠.,	
	City, State	and Zip			25	
5. The name and Flori	ida street address of the new regis	stered agent and/o	r office:	ALL!	2019 JUN 17 AM 10: 45	
	Rodney .	Jones		五		
	Nam	e		SSC	=	
	3400 Bonte	rra Drive		me.	Hio	
	Florida street address (P.C	D. Box not accept	able)	73	£	
	Laurel Hill	FL	32567		വ	
	City, State	and Zip				
6. Such change(s) is/a	are effective when filed by the Flo		of State.			
Roch C	In Preston	+				
Signature of General #	'artner					
comply with the provis	pointment as registered agent and sions of all statutes relative to the an accept the obligations of my p	proper and comp	olete performa	I further agree to ince of my duties,		
Signature of Registered	d Agent					
Filing Fee: Certified Copy (o	\$35.00 ptional): \$52.50					