

6/20/22, 9:13 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A9700002935

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES & WOLF PLLC
Account Number : 120080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: thomas.katz@katzbaskies.com

REGISTERED AGENT CHANGE
JA FAMILY, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Help

2022 JUN 20 AM 5:10

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H22000212582 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JA FAMILY, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000002935

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:

THOMAS O. KATZ

Contact Person

KATZ BASKIES & WOLF PLLC

Firm/Company

3020 NORTH MILITARY TRAIL, SUITE 100

Address

BOCA RATON, FL 33431

City, State and Zip Code

micheles@stor-all.com

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

For further information concerning this matter, please call:

Thomas O. Katz

at (561) 910-5700

Name of Contact Person

Area Code and Daytime Telephone Number

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

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000212582 3

H22000212582 3

**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. JA Family, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/31/1997

Date of filing/registration in Florida

3. A97000002935

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:

Jeffrey M. Anderson

Name

141 SE 1st Street

Address

Deerfield Beach, FL 33441

City, State and Zip

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

Katz Baskies & Wolf PLLC

Name

3020 North Military Trail Suite 100

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

Boca Raton FL 33431

City, State and Zip

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

[Signature]
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.

[Signature]
Signature of Registered Agent

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

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H22000212582 3