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SECRETARY OF STATE

DIVISION OF CORPORATION

JUN 1 7 2015

**3 MASON** 



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

J-3 Land Partners, Ltd. Doc #A22699
 J-4 Land Partners, Ltd. Doc #A32046

2) J-4 Land Partners, Ltd. Doc #A32040

3) J-5 Land Partners, Ltd. Doc #A9900000573

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

Quitard P.

Individually and as President of The Jaffe Corporation

Encl: 6 cover letters

6 signed Change Agent forms

6 checks

SECRETARY OF STATE

15 JUN 16 AM 8: 28

SECRETARY OF STATE

SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration O	on Section f Corporation	s						
SUBJ	ECT:	J-5 LAND	PARTNE	RS, L	TD.				
		Name of Limit	ted Partnership	or Limi	ted Liability	Limited Partnership	)		
DOC	UMENT N	UMBER:	A99000	0005	73	<u>.                                    </u>	<del></del>		
		ement of Char ed for filing.	nge of Regis	tered C	Office and/o	r Registered Ag	ent and		
Please	e return all c	orrespondence	e concerning	this m	atter to:				
R	ICHARD	P. JAFFE							
		Contact P							
C	O THE J	AFFE COR	PORATIO	N					
	******	Firm/Com	pany		<del> </del>				
3	00 N NOV	'A ROAD							
		Addre	SS						
O	RMOND	BEACH, FI	L 32174						
T	HEJCORF	City, State and P@AOL.CO	•						
E	-mail address:	(to be used for f	uture annual re	port not	ification)	<del></del>			
For fu	rther inform	ation concern	ing this mat	ter, ple	ase call:				
R	ICHARD	P. JAFFE		at (	386	673-3100	EXT.10	5	
	Name of Co	ntact Person			ea Code and	Daytime Telephone	Number		
Enclo	sed is a \$35.	.00 check mad	le payable to	the Fl	orida Depa	rtment of State.			
	EET ADDR					G ADDRESS:	₽10	줎	DIAISION OF CO
_	tration Secti				MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327		Ö		
	on of Corpo	rations				of Corporations	五五	Z	9
	n Building	C' 1			P. O. Box		SSE SE	6	C)
2661	Executive C	enter Circle			Tallahass	ee, FL 32314	H-		

Tallahassee, 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. J-5 L	AND PARTNERS, LTD			
N	ame of Limited Partnership or Limi	ted Liability	Limited Partners	ship
2. 04/0	04/07/1999		A990000	000573
	g/registration in Florida	3	Florida docur	nent number
4. The name of the r Department of State:	egistered agent and the registered o	ffice address	s as shown on the	records of the Florida
	RICHARD P. JA	FFE		
	Name	2		•
	300 N NOVA RO	DAD		_
	Addre	SS		
	ORMOND BEA	CH, FL 3	32174	
	City, State a	and Zip		-
5. The name and Flo	orida street address of the new regist	tered agent a	ind/or office:	
	THE JAFFE CO	RPORA	ΓΙΟΝ	
	Name	2		•
	300 N NOVA RO	OAD		
	Florida street address (P.C	. Box not ac	cceptable)	-
	ORMOND BEA	CH,	<sub>L</sub> 32174	_
	City, State a	and Zip		
6. Such change(s) is	/are effective when filed by the Flor	rida Departn	nent of State.	
Buhard	P. Alle Per			
Signature of General	Partner			

and I am familiar with an accept the obligations of my position as registered agent. Signature of Registered Agent

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 diffes,

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50