

1020000

10889

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(Address)

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(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2017

AMAL SONI
5107 UNIVERSITY BLVD W
JACKSONVILLW, FL 32216

SUBJECT: JAX PARTY, L.C.
Ref. Number: L02000010889

We have received your document for JAX PARTY, L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 217A00012834

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Jax Party

2. (a) 5107 University BLVD W (b) 5107 University BLVD W

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Jacksonville, FL 32216

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Jacksonville, FL 32216

05/07/02

L020000010889

3. Date of filing/registration in Florida

4. Document number

5. (a) Soni, Amal

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13500 Beach BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 12

Jacksonville, FL 32224

(b) Soni, Amal

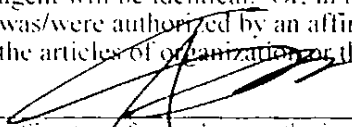
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5107 University BLVD W

NEW Registered Office Address:

Jacksonville, FL 32216

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Amal Soni
Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00