

L040000 28672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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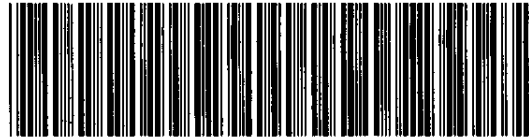
(Business Entity Name)

(Document Number)

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MAY 06 2016

J SHIVERS

FILED
16 MAY -5 AM 7:54
TOLSON
U.S. DEPT. OF JUSTICE
WASHINGTON, D.C. 20535

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM PAZ FL. LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARILYN KING

Name of Person

PRIME LEGACY MANAGEMENT, LLC

Firm/Company

1225 N. BROAD STREET, SUITE 2

Address

WEST DEPTFORD, NJ 08096

City/State and Zip Code

mking@primelegacymanagement.com

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

For further information concerning this matter, please call:

MARILYN KING

Name of Person

at (856) 384-2999

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: JM PAZ FL, LLC
2. (a) 1225 N. BROAD STREET
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE 2
WEST DEPTFORD, NJ 08096
4/14/2004
- (b) 1225 N. BROAD STREET
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE 2
WEST DEPTFORD, NJ 08096
L04000028672
3. Date of filing/registration in Florida
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CT CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

JOHN M. PAZ

NEW Registered Office Address:

400 5TH AVENUE SOUTH UNIT 300

NAPLES, FL 34102

RECEIVED
16 MAY - 5 AM 7:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 of the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

JOHN M. PAZ

Printed or typed name of signer

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