## L05000065928

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PRINCH OF CORPORATION

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## **COVER LETTER**

Registration Section

∡TO:

Divi	sion of Corporations					
SUBJECT:	J&D Property Investments LLC					
	Name of Limited Liability Company					
Dear Sir or M	Madam:		·			
The enclosed	d Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the fo	llowing:			
Joseph Ar	nsaroff					
	Name of Person		_			
J&D Prope	erty Investments LLC					
	Firm/Company		-			
4503 Norti	hwest 103 Avenue Suite 102					
	Address		-			
Sunrise FI	. 33351					
	City/State and Zip Code		_			
PrimePain	t@Comcast.net					
E-mail	address: (to be used for future and	ual report notific	ation)			
For further in	nformation concerning this matter	please call:				
Joseph An	saroff	954	7467407			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
<b>□</b> \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18 (2/14	1)					

## 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.	Na	ime of the limited liability company:	41	opert	4 INVES	tments
2. (	a)		_ (1	b)	,	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited lia (Note: MAY BE POST O	
		4503 Northwest 103 Avenue Suite 102	_	4503 Northwest 103 Avenue Suite 102		
		Sunrise FI. 33351	n.a.	Sunrise	FI. 33351	
				ر صری ا	MANN 597	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3,		Date of filing/registration in Florida	4.	L050	Document number	0
	(a)	Joseph Ansaroff	••		is occurrent name of	
<i>J</i> .	(a)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	- ð:	
		4503 Northwest 103 Avenue				
		Registered Office Address (MUST BE FLORIDA STREET A Suite 102	DDRES:	2)	-	
		Sunrise	33351		-	्र <u>क</u> ्
		, FL_			•	<b>5</b>
(	b)					MAR.
		Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:	•	
		4503 Northwest 103 Avenue				PH 12:
		NEW Registered Office Address:			-	5 45 ATT
		Suite 102			-	Q %
		Sunrise , FL	33351			
the dager	thai it w	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the organization or the operative agreement of the l	he regi hility co	stered office	and the business offices hereby confirmed that	e of the registered
uic a	1111	outs in organization of the operating agreement of the f	Joseph Ansaroff (MGRM)			
Sig	gnati	ure of a member or authorized representative of a member			Printed or typed name of si	gnee
prov the c to m	nsic obli ere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to act perform for in ( ereby c	t in this cape ance of my c Chapter 605 onfirm that t	acity. I further agree to duties, and I am familia , F.S. Or. if this docun the limited liability con	o comply with the ir with and accept ient is being filed ipany has been

Signature of Registered Agent