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T. HAMPTON

JUL - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: JNL Investments, 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:			
ADAISH JANGBAHADOOR Name of Person			
JNL INVESTMENTS, LLC Firm/Company			
10620 GREFIN Rd Suite B208 Address			
COOPER CITY FL 33328 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
PADRISH JANGBAHADOOR at (954) 434 1113 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number 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		

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: 5 kl	INVEST HENTS, LLC
2. (a) Principal office address of limited liability company	: 10620 GRIFFIN ROH 208
(Note: MUST BE STREET ADDRESS)	cooper city pc 33329
(b) Mailing address of limited liability company:	·
(Note: MAY BE POST OFFICE BOX)	
03 08 2006 3. Date of filing/registration in Florida	L 06000 25 213 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	ARAGON REGISTERED AGENTS, IN
Registered Office Address:	Suite 715 COLAL GABIES, PL 33134
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	ADAISH JANGBAHADOOR
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10620 GRIFFIN RD # 8208 COOPER CITY ,FL 33328
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member Alsit Tana Galla Door	aws of the State of Florida, it is hereby porida street address of the register of the cical. Or, in the case of a Florida limited size was/were authorized by an affirm we was wise provided in the articles of organization.
I hereby accept the appointment as registered agent and a	gree 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 608, 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