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(Re	equestor's Name)	
. (Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of S	tatus
Special Instructions to	Filing Officer:	
mach	FOLM	

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MAR 10 2015 R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2015

CRAIG R DEARR ESQ 9100 S DADELAND BLVD STE 1701 MIAMI, FL 33156-7817

SUBJECT: JAS GROUP ARCHITECTS PLANNERS, P.L.

Ref. Number: L07000066729

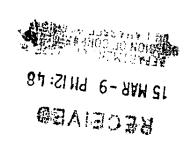
We have received your document for JAS GROUP ARCHITECTS PLANNERS, P.L. and your check(s) totaling \$35:00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but <u>your-entity-is-a-Florida</u> climited liability company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 115A00003459



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	JAS GROUP		PLANNERS, P.L.	
		Name	of Limited Liability Company	
Dear Sir or M	ladam:			
The enclosed	Registered Ager	t/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:				
			·	
Craig	R. Dearr.	Esquire		
		of Person		
Dearr Perdigon, Attorneys at Law				
	Firm/	Company		
9100 South Dadeland Blvd., Suite 1701				
Address				
Miami,	Florida	33156-7817		
	City/State	and Zip Code		
المائيسية	. Adam			
jsmith@jas-architects.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
			••••	
James	W. Smith,	Jr.	at (305) 596-2290	
		on		
STR	EET/COURIER	ADDRESS:	MAILING ADDRESS:	
	stration Section		Registration Section	
	Division of Corporations Division of Corporations			
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
	hassee, Florida 3		Tallahassee, Florida 32314	
Enclosed is a check for the following amount:				
	25 Filing Fee		☐ \$55 Filing Fee & Certified Copy	
	5		.,	

INHS18 (2/14)

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.

l. Na	me of the limited liability company: JAS GROUP ARCHITECTS PLANNERS, P.L.
2. (a)	7855 S.W. 104th Street, Suite 200 (b) 7855 S.W. 104th Street, Suite 200 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Miami, Florida 33156 Miami, Florida 33156
3.	06/25/2007 Date of filing/registration in Florida 4. Document:number
5. (a)	Ploucha, L.M., Esquire, Fowler White Boggs, P.A. Registered Agent and Registered Office shown on the records of the Florida Dept, of State:
	1200 East Las Olas Boulevard, Suite 500 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Fort Lauderdale .FL 33301
	Enter name of NEW Registered Agent and/or NEW Registered Office address
	9100 South Dadeland Boulevard, Suite 1701 NEW Registered Office Address:
	Miami .FL33156-7817
the charagent w	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) the authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in when of organization or the operating agreement of the limited liability company.
Steam	James W. Smith, Jr. MGRM Printed or typed name of signce
I hereb provision she obli to mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the one of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatur	e of Registered Agent
	Division of Cornerations a D.O. Box 6327a Tallaharras Pt. 22314