L09000090453

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(Address)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JK Family Holdings, LLC Name of Corporation
DOCUMENT NUMBER: L0900090453
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jenniter Kelman Name of Contact Person
Firm/Company
Address
Boca Ration, FL 33432
City/State and Zip Code
Address Bola Ration FL 33432 City/State and Zip Code TVKEL 6 D gmail (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valerie Velman at 561, 504-1531 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytine Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)



March 9, 2021

JENNIFER KELMAN 950 NE 3RD AVE BOCA RATON, FL 33432

SUBJECT: JK FAMILY HOLDINGS LLC

Ref. Number: L09000090453

We have received your document for JK FAMILY HOLDINGS LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 221A00005011

Sor 200

. .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:TK Family	Holdings, LLC
'	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
950 NE 3 d que,	950 NE 3 Ave.
Roca Paton FL 33432	Boca Rolon, FL 33432
	L09000090453
	Decument number
5. (a) Fenniter Kelman Registered Agent and Registered Office shown on the records of the Florida Dep	t. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
102 NE 2nd Street, suite S	506
Boca Palun, FL 334	•
	. >
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address	<u>s</u> :
Jennile Kelman	=
NEW Registered Office Address:	•
950 NE 3 M AM.	<u> </u>
Boca Paton FL 33	132
If the limited liability company is not organized under the laws of the Starchange or changes are made, the Florida street address of the registered of agent will be identical. Or, in the case of a Florida limited liability compawas/were authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited liability comparation of the limited liability compared to the liability co	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signature of a member or authorized representative of a member	Tennile- Kelman Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in to provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provided for in Chapto merely reflect a change in the registered office address, I hereby confined in writing of this change	his canacing I further garee to comply with the
Signature of Registered Agent	
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