

L10000084785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

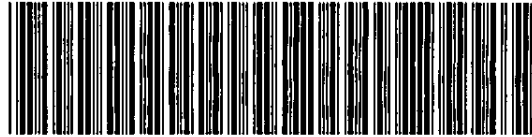
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. D. Smith MAR 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCAL HOLDINGS 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:

BARRY REISS
Name of Person

JCAL HOLDINGS LLC
Firm/Company

1700 Depot Ave Suite 1
Address

Delray Beach FL 33444
City/State and Zip Code

barry.reiss@chhjp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Reiss at (561) 602 5009
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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2014

BARRY REISS
1700 DEPOT AVE STE 1
DELRAY BEACH, FL 33444

SUBJECT: JCAL HOLDINGS, LLC
Ref. Number: L10000084785

We have received your document for JCAL HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 614A00002343

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

Pursuant to the provisions of sections 605.0114, 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: JCA Holdings LLC
2. (a) Principal office address of limited liability company: 1700 Depot Ave Suite 1
(Note: **MUST BE STREET ADDRESS**) Delray Beach FL 33444
- (b) Mailing address of limited liability company: 1700 Depot Ave Suite 1
(Note: **MAY BE POST OFFICE BOX**) Delray Beach FL 33444

- Apr 12, 2010
3. Date of filing/registration in Florida
- L10000084785
4. Document number

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

Registered Agent:

Barry Reiss

Registered Office Address:

1500 N. Florida Mango Rd
West Palm Beach FL 33409
Suite 17/18

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

NEW Registered Agent:

Barry Reiss

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1700 Depot Ave
Suite 1
Delray Beach, FL 33444

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 or the operating agreement of the limited liability company.

Barry Reiss
Signature of a member or authorized representative of a member

Barry Reiss
Printed or typed name of signee

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.

Barry Reiss
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
APR 14 PM 3:46
TALLAHASSEE, FLORIDA
CLERK OF STATE