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SECRETARY OF STATE

K. SALY JUN 1 4 2017

COVER LETTER

	ision of Corporations					
SUBJECT:	JAM PROPERTIES OF KE	NDALL LLC				
SOBJECT.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.			
Please return	n all correspondence concerning the	nis matter to the fo	llowing:			
Jeanne Fu	uentes Lopez					
	Name of Person		-			
Fowler Wh	nite Burnett, P.A.					
	Firm/Company		-			
1395 Brick	cell Avenue, Suite # 1400					
	Address		•			
Miami, Flo	orida 33131					
	City/State and Zip Code	, , , , ,	•			
jfuentes-lo	pez@fowler-white.com					
E-mail	address: (to be used for future an	nual report notifica	ition)			
For further in	nformation concerning this matter	, please call:				
Jeanne Fu	ientes Lopez	305	789-9269			
<u> </u>	Name of Person		Area Code & Daytime Telephone Number			
Regi Divis Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encl	osed is a check for the following	g amount:				
2 \$2	25 Filing Fee	\$55	Filing Fee & Certified Copy			
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.

1.	Na	me of the limited liability company:	AM PROPER	TIES	OF KEN	IDALL LLC
		Principal office address of limited liabi	lity company:			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1395 Brickell Avenue, 14th Floo	or (JFL)		PO BC	OX 431288
		Miami, Florida 33131		-	South	Miami, Florida 33243
		08/18/2010			L10000	086807
3.		Date of filing/registration in F	lorida	4.		Document number
5.	(a)	Registered Agent and Registered Office shown Corporate Management Inc				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 16321 SW 78th Terrace			FILE SECRETARSE	
		Miami	FL 3	3193	3	HASSEF
((b)	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered O	ffice a	ldress:	TALLAHASSEE, FLORIDATALLAHASSEE, FLORIDA
		NEW Registered Office Address:	<u> </u>			_
		1395 Brickell Avenue, Suite # 1	400 (JFL)			_
		Miami	, FL_3	3131		_
the age was	chant was/we	nge or changes are made, the Florida st vill be identical. Or, in the case of a Florida	reet address of the orida limited liab the members of	ne reg ility c the lir mited	istered offi ompany, it nited liabil liability co	• •
	ignat	ure of a member or authorized representative of	a member	<u>Je</u>	anne Fue	Printed or typed name of signee
I h pro the to n	eret visio obli nere	over the innointment as registered	agent and agree	e to ac erforn for in reby c	et in this ca nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been
Sign	natur	e of Registered Agent				
		Division of Corpor	ations• P.O. Bo FILING FEI			assee, FL 32314