

L11000078664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP -7 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2011

JOEL MIES  
JAM MULTI-FAMILY DEVELOPMENT LLC  
10460 ROOSEVELT BLVD. N, SUITE 103  
ST. PETERSBURG, FL 33716

SUBJECT: JAM MULTI-FAMILY DEVELOPMENT LLC  
Ref. Number: L11000078664

We have received your document for JAM MULTI-FAMILY DEVELOPMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 311A00019471

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAM Multi-Family Development 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:

Joel Mies  
Name of Person

JAM Multi-Family Development LLC  
Firm/Company

10460 Roosevelt Blvd. N. Suite 103  
Address

St. Petersburg, FL 33716  
City/State and Zip Code

Joel @ jam-development.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Mies at (813) 716-6390  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: JAM Multi-Family Development LLC
2. (a) Principal office address of limited liability company: 10460 Roosevelt Blvd. N. Suite 103

(Note: **MUST BE STREET ADDRESS**)

St. Petersburg, FL 33716

- (b) Mailing address of limited liability company: Same as above

(Note: **MAY BE POST OFFICE BOX**)

July 8, 2011

3. Date of filing/registration in Florida

L11000078664

4. Document number

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

Registered Agent:

United States Corporation Agents, Inc.

Registered Office Address:

13302 Winding Oak Court A

Tampa, FL 33612

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

**NEW** Registered Agent:

Joel Mies

**NEW** Registered Office Address:

10460 Roosevelt Blvd. N. Suite 103

(**MUST BE FLORIDA STREET ADDRESS**)

St. Petersburg, FL 33716

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.

Joel Mies  
Signature of a member or authorized representative of a member

Joel Mies  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Joel Mies  
Signature of Registered Agent

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

FILING FEE: \$25.00