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(Re	equestor's Name)	
(Ac	idress)	
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(Bu	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	hlv.



08/22/17--01019--020 \*\*25.00





## COVER LETTER

TO: Registration Section Division of Corporations

Jaywood Properties, LLC

SUBJECT:

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:

Joshua Byrns

Name of Person

Anderson Business Advisors

Firm/Company

3225 McLeod Drive, #100

Address

Las Vegas, NV 89121

City/State and Zip Code

ra@andersonadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Byrns	800 706-4741
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

☑ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

## 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.

a)	9138 Pineville Dr	(b) 9138 Pineville Dr		
, a y	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(0/	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	Lake Worth, FL 33467	<u> </u>	ake Worth, FL 33467	
	07/11/2011	— — L1	1000079556	
	Date of filing/registration in Florida	4.	Document number	
(a)	United States Corporation Agents, Inc.			
(1)	Registered Agent and Registered Office shown on the records of	f the Florida De	pt. of State:	
	13302 Winding Oak Court, Suite A, Tampa	, FL 33612		
	Registered Office Address (MUST BE FLORIDA STREET	ADD <u>RESS)</u>		
	13302 Winding Oak Court, Suite A		2-	
	Tampa, FI	33612		
(b)	Anderson Registered Agents, Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres		
	1000 North Washington Blvd. Sarasota, FL	34236		
	NEW Registered Office Address:			
	1000 North Washington Blvd.			

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.

Signature of a member or authorized representative of a member

Shlomo Cohen

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.

 $\sim$ Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00