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SEUNETARY OF STATE TALLAHASSEE, FLORIDA

A PAROYED

T. LEWIEUX

COVER LETTER

TO:	Regist
	Divisio

ration Section Division of Corporations

SUBJECT: JAYACAS	A, LLC		
•		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	TROV S. NO.		
	TECK S. NG	Name of Person	
		•	
	JAYACASA, LLC		
		Finn/Company	
	1531 Drexel Road, #269		
		Address	·
	W. Palm Beach, FL 33417		
		City/State and Zip Code	
	ng_t@bellsouth.net	to be used for future annual rep	part notification
		·	ort normeation)
For further information of	oncerning this matter, please ca	all:	
TECK S. NG	at (561) 317-1992		
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,

MAILING ADDRESS:
Registration Section of Corporations
P.O. Box 6327a Tallahassee, EL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)



Certified Copy (additional copy is enclosed)

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. JAMACASA LILIC 1. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address WEST (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 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.

TEUCS NG: Signature of a member or authorized representative of a member 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

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