L 11 0001 30779

(Requestor's Name)				
(Address)	—			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
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Special Instructions to Filing Officer:				
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Office Use Only



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November 19, 2013

JUAN C. DE ABREU 11034 SW 79TH PATH MIAMI, FL 33156

SUBJECT: JS DADELAND INVESTMENTS, LLC

Ref. Number: L11000130779

We have received your document for JS DADELAND INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00026706

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT: JS Dadeland Investments, LLC Name of Limited Liability Company					
	Name of	Emmed Emonn	y Company		
Dear Sir o	r Madam:				
The enclose	sed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.		
Please retu	arn all correspondence concerning	g this matter to th	ne following:		
Juan C.	De Abreu				
-	Name of Person				
JS Dad	eland Investments, LLC				
	Firm/Company				
11034 \$	SW 79th Path				
	Address				
Miami, I	Florida 33156				
	City/State and Zip Code				
deabr18	39@gmail.com				
	address: (to be used for future annual report	notification)			
For further	r information concerning this mat	ter, please call:			
Juan C.	De Abreu	at (305	975-5694		
	Name of Person		rea Code & Daytime Telephone Number		
ST	REET/COURIER ADDRESS:	MAII	LING ADDRESS:		
	gistration Section		Registration Section		
	vision of Corporations		Division of Corporations		
	fton Building	P.O. Box 6327			
	61 Executive Center Circle		nassee, Florida 32314		
Tal	lahassee, Florida 32301				
En	closed is a check for the followi	ng amount:			
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LÍMITED 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: \(\subseteq \text{DADSL} \)	AND INVESTMENTS, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	4 /
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11034 BW 75 ^{Ch} PATH MIAMI, FL 33156
Novembre 17, 2011 3. Date of filing/registration in Florida	L11 000 13 0779
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	ARG CORPORATE SERVICES, WIL
Registered Office Address:	8750 NW 35th STREET SUITE 425 MIAMI, FL 33178
	MIAM) FL 33178
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:
NEW Registered Agent:	UNAN C. DE ABREO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11034 SW 79th PATH MIAMI ,FL 33156
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member	orida street address of the registered office cal. Or, in the case of a Florida limited
Printed or typed name of signee	gree to act in this capacity. I further agree to
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my poor Chapter 608, F.S. On, if this document is being filed to met address, I hereby confirm that the limited liability company	sper and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 63:	27, Tallahassee, FL 32314

FILING FEE: \$25.00