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COVER LETTER

TO: **Registration Section Division of Corporations**

onda 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:

David Perrin

Name of Person

Firm/Company

170 24 Piermont Street Address

Davidson, NC 28036

City/State and Zip Code

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

For further information concerning this matter, please call:

vid Mongiero, Esq. at (305) 378-0011 Name of Person Area Code & Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

₲ \$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.

1. Na	me of the limited liability company:	Jonda	21	LLC		
	1 Grove Isk Drive		(b)	17024 Pier	mont	St.
	Principal office address of limited liability (Note: MUST BE STREET ADDRE		_	Mailing address of (<u>Note: MAY BL</u>		
	# 504 A			Davidson,	NC	28036
•	Miami FL 33133	\$				
	02/17/2012			L120000	1235	567
3.	Date of filing/registration in Flor	da	4.	Document nun	nber	
5. (a)	Arthur Perrin					
	Registered Agent and Registered Office shown on		e Florida De	pt. of State:		
	17024 Piermont S	street		·		
	Registered Office Address (MUST BE FLORI	<u>DA STREET AI</u>	DDRESS)		· .	2020
	Davidson	_			<u> </u>	301
	·····	, FL_	828	036		o :
(b)	David Mangiero		-		SEE.	
	Enter name of <u>NEW Registered Ageni and/or NE</u>	W Registered C	Office addre	<u>85</u> 1		 ເມ
	Palmer, Palmer & NEW Registered Office Address:	Man	giero			-
	12790 S. Divie	High	way			
	Miami	, FL_	<u>3</u> 31	56		
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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.

Pervin Printed or typed name of signee Signature of a member of anthorized 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 notified in writing of this change

んん Signature of Registered Agent

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