## K12000093517

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Q. SILAS		
-		
5/27/22		

Office Use Only



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03/24/22--01006--012 \*\*35.00

06/02/22--01013--004 \*\*25.00



RECEIVED

2022 MAY 27 AM 7: 52

SERVE TALLAMASSEE, FL

April 12, 2022

CEDRIC GEFFROY 1800 CORAL WAY #451223 MIAMI, FL 33145

SUBJECT: JEMIUM LLC Ref. Number: L12000083517

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return 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) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 722A00008544

## **COVER LETTER**

TO: Registration Section Division of Corporations			
	UM LLC		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
CEORIC GEFFRO  Name of Person	<u>Y</u>		
JEMUM LLC Firm/Company			
1800 COPAL WAY, Address	#451223		
MIAMI FL 33145 City/State and Zip Code			
E-mail address: (to be used for future annu	AIL - COTI al report notification)		
For further information concerning this matter, p	blease call:		
CEORIC Name of Person	at ( 786 ) 554 0872  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		

INHS18 (2/14)

## 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. Name of the limited liability company:	107 116
2. (a) 1800 CORAL WAY	(b) 1800 CORAL WAY
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
#451 223	# 451 223
MIAMI FL 33145	MIAMI FL 33145
06 25 2012	L120000 83517
3. Date of filing/registration in Florida	4. Document number
5. (a) CEDRIC GEFFROY  Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:
2150 CORAL WAY	
Registered Office Address (MUST BE FLORIDA STREET A	DDIKESSI SE SI
SUITE 78	33145 AND
Mi Arul FL	HAR AR
(b) CEDRIC GEFFROY	SSEE SEE
Enter name of NEW Registered Agent and/or NEW Registered	Office address:
1800 CORAL WAY	7 <del>7</del> 73
NEW Registered Office Address:	
# 451 223	
MIAMI, FL	33145
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization of the operating agreement of the	bility company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in limited liability company.
Signature of a member production authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I i notified in writing of this hunge	ee to act in this capacity. I further agree to comply with the performance of my dutics, and I am familiar with and accept of for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signature of Registered Sent	
Division of Corporations • P.O.	Box 6327 Tallahassee, FL 32314

**FILING FEE: \$25.00**