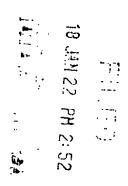
## 

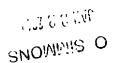
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone	#)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates	of Status			
Special Instructions to Filing Officer:				





01/08/18--01020--005 \*\*25.00







January 10, 2018

KELLY GROENENBOOM 3501 W VINE ST, STE 399 KISSIMMEE, FL 34741

SUBJECT: JONASH, LLC Ref. Number: L12000097883 PECEIVED

JAH 2 2 2018

We have received your document for JONASH, 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):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00000609

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

Division of Corporations		
JONASH LLC SUBJECT:		
	f 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 re	natter to the following:	
KELLY GROENENBOOM		
Name of Person		
KAT REALTY & PROPERTY MANAGEME	ENT LLC	
Firm/Company		
3501 WEST VINE STREET, SUITE 399		
Address		
KISSIMMEE, FL 34741		
City/State and Zip Code		
kelly@katrealtyflorida.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ase call:	
KELLY GROENENBOOM	407 943-8734	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
■ \$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.

I. Na	ame of the limited liability company: JONASH L	LC.		
2. (a)	FEBRUARISTRAAT 121		(b) 2570 (	CHANNEL WAY
z. ( <b>u</b> )	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company (Note: MAY RE POST OFFICE BOX)
	Almere, Flevoland 1335AP NL		KISSIN	MMEE, FL 34746
	Netherlands, Eur	me		
	07/30/2012		L12000	097883
3. 5. (a)	Date of filing/registration in Florida KOPER, MARJON	4.		Document number
). (a)	Registered Agent and Registered Office shown on the records 2570 CHANNEL WAY	of the Flo	rida Dept. of St	ale:
	Registered Office Address (MUST BE FLORIDA STREE	ST ADDRI	<u>(\$\$)</u>	- (8)
	KISSIMMEE	FL_3474	16	22 8
/៤)	KELLY GROENENBOOM			· · · · · · · · · · · · · · · · · · ·
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office	nddress:	2.52
	3501 WEST VINE STREET, SUITE 399			
	NEW Registered Office Address:		'	<del></del>
	KISSIMMEE	 FI 3474	1	_
	·	rı		_
he chai gent w vas/we	mited liability company is not organized under the inge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the operating agreement of the control of	of the re Uliability Is of the l	gistered offi company, it imited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		K	ANHAI, JO	YNNHC
	ure of a member or authorized in resentative of a member			Printed or typed name of signee
l hereb provisió be obli o mefe polifica	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position at registered agent as provi by reflect a change in the registered office address, in writing of this change.	igree to d le perfor ded for it I hereby	nct in this ca rmance of m n Chapter bl r confirm tha	pacity. I further agree to comply with the y duties, and I am Jamiliar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been
Signary	TOCCOOK			
	Division of Corporations P.O FILING			assee, FL 32314