

L12000161337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
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LAW OFFICES OF KEITH A. SELDIN
PROFESSIONAL ASSOCIATION

KEITH A. SELDIN *

***Florida Supreme Court
Certified Civil Mediator**

***Florida Supreme Court
Certified Residential Mortgage
Foreclosure Mediator**

**MAPLEWOOD PROFESSIONAL CENTER
270 SOUTH CENTRAL BLVD., SUITE 202
JUPITER, FLORIDA 33458**

E-MAIL: kseldin@bellsouth.net

**Phone (561) 747-3000
Fax (561) 747-3040**

April 5, 2017

VIA FEDEX

**New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

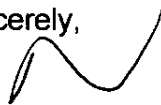
Re: J & T CAPITAL US, LLC

Dear Sir or Madam:

Enclosed please find an original and one copy of the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, for the above referenced Limited Liability Company. Kindly file the enclosed and return a conformed copy to the undersigned at the above address indicated. Also enclosed herein is a check in the amount of \$25.00, representing payment of your filing fees.

Thank you for your kind consideration of the above and enclosed.

Sincerely,



Keith A. Seldin

KAS/fc
Enclosures

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SECRETARY OF
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & T CAPITAL US, LLC

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:

KEITH A. SELDIN, ESQ.

Name of Person

LAW OFFICES OF KEITH A. SELDIN, P.A.

Firm/Company

270 SOUTH CENTRAL BLVD., SUITE 203

Address

JUPITER, FLORIDA 33458

City/State and Zip Code

misti@marbob.com

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

For further information concerning this matter, please call:

KEITH A. SELDIN, ESQ.

at (561)

747-3000

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA
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**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: J & T CAPITAL US, LLC

2. (a) 2825 SUDDERTH DRIVE (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SUITE I

RUIDOSO, NEW MEXICO 88345

MARCH 3, 2014

L12000161337

3. Date of filing/registration in Florida

4. Document number

5. (a) RICHARD MILITANA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8801 BISCAYNE BLVD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 101

MIAMI, FL 33138

(b) JOHNNY C. GRAY

Enter name of NEW Registered Agent and/or NEW Registered Office address:

176 SPYGLASS LANE

NEW Registered Office Address:

JUPITER, FL 33477

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TALLAHASSEE, FLORIDA
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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.

Signature of a member or authorized representative of a member

JOHNNY C. GRAY

Printed or typed name of signee

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.

Signature of Registered Agent

JOHNNY C. GRAY

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00