## 13000013355

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C. LEWIS

MAY 17 2013

EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: JACAYS INVESTMENTS 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:

Michael Ortiz, Esq.

Name of Person

Michael Ortiz, P.A.

Firm/Company

1430 S. Dixie Hwy Suite 321

Address

Coral Gables, FL 33146

City/State and Zip Code

lawortiz@aol.com

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

For further information concerning this matter, please call:

Michael Ortiz Esq.

...305

665-5270

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED 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: JACAYS INVE	STMENTS LLC.
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany: 1430 S. DIXIE HIGHWAY SUITE 321 CORAL GABLES, FL 33146
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above.
01/25/2013	L13000013355
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office showr	1 on the records of the Florida Dopt. of State:
Registered Agent:	Greg Herskowitz P.A.
Registered Office Address:	9130 S. Dadeland Blvd
	PH 1A Miami, FL 33156
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address:  Michael Ortiz P.A.
NEW Registered Office Address:	1430 S Dixie Highway
(MUST BE FLORIDA STREET ADDRESS)	Suite 321 Coral Gables FL 33146
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other than the operating agreement of the limited liability company.  I amme Chas	he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
Signature of a member or authorized representative of a member	
Jamine Uias Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, iy position as registered agent as provided for in to merely reflect a change in the registered office spany has been notified in writing of this change.

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

Signature of Registered Agent