L13000072892

(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:

Office Use Only

900263389979

09/29/14--01013--015 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 29 PM 2:34

C. Lewis
10-8-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAC FLORIDA PROPERTIES, 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:

ROBERT CACOSSA
(Name of Person)

JAC FLORIDA PROPERTIES, LLC
(Firm/Company)

519 SW 18TH ST.
(Address)

BOYNTON BEACH, FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT CACOSSA at (201) 6027506
(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

INHS18 (5/08)

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: JAC FLORIDA PROPERTIES, LLC

2. (a) Principal office address of limited liability company: 519 SW 18TH ST. BOYNTON BEACH, FL 33426
(***Note: MUST BE STREET ADDRESS***)

(b) Mailing address of limited liability company:
(***Note: MAY BE POST OFFICE BOX***)

5/17/13
3. Date of filing/registration in Florida

L13000072892
4. Document number

14 SEP 29 PM 2:34
SECRETARY OF STATE
DIVISION OF CORPORATIONS

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JAMES CACOSSA

Registered Office Address: 4461 NE 17TH AVE OAKLAND PARK, FL 33334

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: DONNA CACOSSA

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
519 SW 18TH ST. BOYNTON BEACH 33426 ,FL

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.

Robert Cacossa
(Signature of a member or authorized representative of a member)

ROBERT CACOSSA
(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.

Donna Cacossa
(Signature of Registered Agent)

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

INHS18 (05/08)