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Date:

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Name:	Jace Management, LLC
Document #:	
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COVER LETTER

TO: Registration Section Division of Corporations

Jace Management, LLC
SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

L

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jesse Dunaway

Name of Person

Nation Safe Drivers

Firm/Company

5600 BROKEN SOUND BLVD NW, STE 100

Address

BOCA RATON, FL 33487-3515

City/State and Zip Code

jdunaway@nationsafedrivers.com

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

For further information concerning this matter, please call:

Jesse Dunaway

at (_____) 232-6746

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Name of Person

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:

S25 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.	Na	ame of the limited liability company:	ent, LLC	
				b)
		BOCA RATON, FL 33487		BOCA RATON, FL 33487
		06/13/2013		1.13000085661
3. 5.	(a)	Date of filing/registration in Florida MORRIS LAW GROUP Registered Agent and Registered Office shown on the records of		Document number
	(b)	Registered Office Address (MUST BE FLORIDA STREE) 1801 N Military Trail Suite 200 BOCA RATON , F C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered	₹L <u>33431</u>	2073 1:073 1
		<u>NEW</u> Registered Office Address: 1200 South Pine Island Road		
		Plantation , F	FL 33324	
the age wa the	cha ent v s/we arti	vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cless of organization for the operating agreement of the mebra member or authorized representative of a member	of the regis liability ec s of the lim he limited l Mich	istered office and the business office of the registered company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. chael Smith Printed or typed name of signce
By:	ijied	C T Corporation System C A Larkan Eric Carlson, re of Registered Agent Division of Corporations • P.O.	, Assistant : . Box 6327	7• Tallahassee, FL 32314
		FILING	FEE: \$25.	5.00