L13000001307

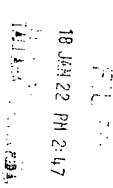
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only

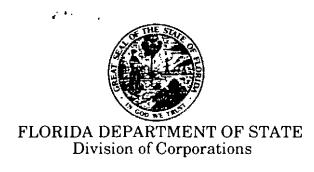


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AND SHEMONS



January 9, 2018

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

SUBJECT: JANAM, LLC Ref. Number: L13000091307

We have received your document for JANAM, 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.

Octavia L Simmons Regulatory Specialist II

Letter Number: 318A00000549

RECEIVED
JAN 2 2 2018

www.sunbiz.org

Division of the control of the contr

COVER LETTER

TO: Registration Section Division of Corporations				
JANAM LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
KELLY GROENENBOOM				
Name of Person				
KAT REALTY & PROPERTY MANAGEM	MENT 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 annua	al report notification)			
For further information concerning this matter, p	lease call:			
KELLY GROENENBOOM	407 943-8734			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following a	mount:			
2 \$25 Filling 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:	LC		
2. (a)	FEBRUARISTRAAT 121	(b) 2570 CHANNEL WAY		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
	Almere, Flevoland 1335AP NL	KISSIM	MEE, FL 34746	
	Netheelands, Euro	pe		
	06/25/2013	L130000	91307	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	KOPER, MARJON		50	
. (-)	Registered Agent and Registered Office shown on the record 2570 CHANNEL WAY Registered Office Address (MUST BE FLORIDA STRI		- 22 9	
	KISSIMMEE	, FL_34746	72:47	
(b)	Enter name of NEW Registered Agent and/or NEW Regist 3501 WEST VINE STREET, SUITE 399 NEW Registered Office Address:	tered Office address:	-	
	KISSIMMEE	, FL ³⁴⁷⁴¹	-	
Signate I hereby provision the obling the mere.	mited liability company is not organized under the rige or changes are made, the Florida street addressil be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the member less of organization or the operating agreement of the organization or the operating agreement of the second authorized representative of a member by accept the appointment as registered agent and the solutions of my position as registered agent as propositions of my position as registered agent as propositions of my position as registered office addressing writing of this change.	is of the registered office and liability company, it is ers of the limited liability the limited liability com KANHAI, JOH	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany. HNNY Printed or typed name of signce	
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00				

INHS18 (2/14)