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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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## LLC REGISTERED AGENT CHANGE JOFFE HOLDINGS LLC

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M. COLOMON

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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: JOF	FE HOLDIN	NGS LLC	
2. (a	700 CADE CODAL DIVIVIAL	(b) 7	(b) 709 CAPE CORAL PKWY W	
( <b>•</b>	Principal office address of limited liability con  (Note: MUST BE STREET ADDRESS	npany;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CAPE CORAL, FL 33914		APE CORAL, FL 33914	
	07/18/2013	L1	.3000101895	
3.	Date of filing/registration in Florida	4.	Document number	
5. (	(a) LAWRENCE SWAN			
J. (	Registered Agent and Registered Office shown on the 709 CAPE CORAL PKWY W		pi. of State:	
	Registered Office Address (MUST BE FLORIDA	<u>STREET ADDRESS)</u>	2021	
	CAPE CORAL	, FL_33914	TAFR 2	
a	ь) Registered Agents Inc.			
Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>s</u> :		
	7901 4th St N		27:11 Hd	
	NEW Registered Office Address:		***************************************	
	STE 300			
	St. Petersburg	<sub>FL</sub> 33702		
the dagen	the limited liability company is not organized und change or changes are made, the Florida street as the will be identical. Or, in the case of a Florida I were authorized by an affirmative vote of the marticles of organization or the operating agreement.	ddress of the register limited liability comp tembers of the limited	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.	
Sig	gnature of a member or authorized representative of a mem		Printed or typed name of signee	
prov the c to m noug	visions of all statutes relative to the proper and coolingstions of my position as registered agent as nerely reflect a change in the registered office as field in writing of this change.	complete performanc s provided for in Cha		

Signature of Registered Agent