## 1300102932

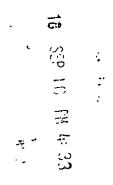
(R	equestor's Name)	<del></del>					
(Address)							
(Address)							
(C	ity/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer:							

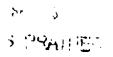
Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations	
JS Properties South Florida SUBJECT:	LLC
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Jereme Sanchez	
Name of Person	<del></del>
JS Properties South Florida LLC	
Firm/Company	
1760 NW 7th St apt 902	
Address	
Miami FL 33125	
City/State and Zip Code	
J1453ad@gmail.com	
E-mail address: (to be used for future annual	ual report notification)
For further information concerning this matter,	please call:
Jereme Sanchez	305 469-9791
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 (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	me of the limited liability company: JS Properties	South	۱ F	lorida LL	.C		
2	(a)		ſ	Ъ١				
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			N	Mailing address of limited (Note: MAY BE POST	l liabili <i>OFF</i>	ty company:
		1760 NW 7th St apt 902 Miami FL 33125	_		1760 NW	V 7th St apt 902 N	⁄liam	i FL 33125
		07/22/2013	_	Ĺ	1300010	)2932		
3.		Date of filing/registration in Florida	4.			Document number		
5.	(a)							
	()	Registered Agent and Registered Office shown on the records of the UNITED STATES CORPORATION AGENTS			Dept. of State	- e:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•		
		13302 WINDING OAKS COURTSUITE ATAMPA,			-	-	ಪ	
		Tampa , FL	33612	2			- "	\$
					· · · · · · · · · · · · · · · · · · ·	-		<del>.</del> .
	(b)					_		a
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>dd</u>	ress:			<u>-2</u>
		Jereme Sanchez					# ** •	ક્ત ડ <b>ે</b> <b>ડે</b>
		NEW Registered Office Address:						
		1760 NW 7th ST apt 902						
		Mlami, FL	33125	5				
the ag	e cha ent v is/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law and the street authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law and the street authorized by an affirmative vote of the members of the law and the street authorized by an affirmative vote of the members of the law and the street authorized by an affirmative vote of the members of the law and the street authorized by an affirmative vote of the members of the law and the street address of the law and the s	the reg bility of the lii limited	ist cor mi Hi	ered office upany, it is ted liability ability com	e and the business off s hereby confirmed the y company or as othe apany.	fice o hat th	f the registered c change(s)
			<u>Je</u>	re	me Sanc			
		ture of Amethber or authorized representative of a member			_	Printed or typed name o	_	
pro the to	ovisi e obl merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have in a change.	ee to ac perform I for in ereby (	ct i na C. coi	in this capa nce of my a hapter 605 nfirm that i	acity. I further agree duties, and I am Jami , F.S. Or, if this doc the limited liability c	e to co iliar v iumen iompa	omply with the with and accept t is being filed iny has been
Si	gnatu	re of Registeract Agent						