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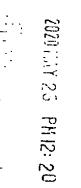
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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RAROICH;

JUN 1 7 2020 LALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations			
JCS PROPERTY MANAGEMENT, LLC	•		
Name of	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Carla DeLoach			
Name of Person			
DcLoach, Pl.			
Firm/Company			
1206 E. Ridgewood Street			
Address			
Orlando, Florida 32803			
City/State and Zip Code			
jsmbbshondagirl@comcast.net			
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this matter, please	e call:		
Sheraya Shocmaker at (407 480-5005		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following amou	nt:		
■ \$25 Filing Fee	☐ \$55 Fiting 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.

	ame of the limited liability company: JCS PROPERT			
2. (a)	Principal office address of limited liability company:		(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	1542 JUPITER COVE DR., #505		P.O. BO.	X 941
	JUPITER, FL 33469		EUSTIS,	FL 32727
	02/05/2014		L1400002	0448
3.	Date of filing/registration in Florida	— _{4.}		Document number
5. (a)				
v. (u)	Registered Agent and Registered Office shown on the records of CARLA A DELOACH	of the Florid	da Dept. of St	ate:
	Registered Office Address			20
	1206 EAST RIDGEWOOD STREET			70
	ORLANDO	22002		-
	ORLANDO, F	T		
(b)				Ö
(1)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	ddress:	_
			<u> </u>	-
	JANA B. STUBBS			•
	NEW Registered Office Address:		-	-
	999 Abrams Road			
				_
	EUSTIS . F	1		
agent w was/we the artis	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited light of the identical of an affirmative vote of the members cless of organization of the operating agreement of the operating agreement of the operation of member or authorized representative of a member	e register iability co of the lin : limited	ed office ar	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany. 3BS
				Printed or typed name of signee
I hereb provision the oblition to mere notified	y accept the appointment as registered agent and ag ins of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a charge in the registered office address. I in writing of this charge	ree to act performed for in C hereby co	t in this cap ance of my Lhapter 60, onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatur	e of Regretered Agent			

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

INHS18 (2/14)