L14000026482

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	; #)
		MAIL
	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	у





the

	COVER LETTER
TO: Registration Section Division of Corporations	* *
JCWP, LLC SUBJECT:	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Jed Berman	
Name of Person	
Infantino and Berman	
Firm/Company	
P.O. Drawer 30	
Address	
Winter Park, FL 32790	
City/State and Zip Code	
jberman@infantinoberman.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Jed Berman	407 644-4673 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section 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 am	iount:
🗹 \$25 Filing Fee	\$55 Filing Fee & Certified Copy

1NHS18 (2/14)

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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

a)	132 Park Avenue South	(b)	
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_ 、,,	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Winter Park, FL 32789		·····
	02/17/2014	I_1400	00026482
	Date of filing/registration in Florida	4	Document number
a)	Roddy Lanigan		
-,	Registered Agent and Registered Office shown on the records of the 831 West Morse Blvd	he Florida Dept	of State
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	Winter Park, FL 32789		
	, FL		
5)	Jed Berman		ستبعر م ويدر
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	AMU: 24
	180 S Knowles Ave		
	NEW Registered Office Address		
	Suite 7		
	Winter Park, FL	32789	
ge t v we	imited liability company is not organized under the law or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited l	registered offi bility company the limited li imited liabilit	ice and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
nat	ure of a member or authorized sepresentative of a member		Printed or typed name of signee
isi bli gre	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he is my writing of this change	e to act in thi. performance o for in Chapte ereby confirm	s capacity I further agree to comply with the f my duties, and I am familiar with and accep ir 605, FS Or, if this document is being filed that the limited liability company has been

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