

L14000037340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
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FEB 19 2015

R. V. H. E.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2015

BRUCE H SATTER
776 BURGUNDY Q
DELRAY BEACH, FL 33484

SUBJECT: JAMAICAN ALMONDS, LLC
Ref. Number: L14000037340

We have received your document for JAMAICAN ALMONDS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 115A00002028

15 FEB 11 11:53
/ED
STATE
CORPORATIONS
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMAICAN ALMONDS, LLC
Name of 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 matter to the following:

BRUCE H. SATTER
Name of Person

JAMAICAN ALMONDS, LLC
Firm/Company

776 BURGUNDY Q
Address

DELRAY BEACH, FL 33484
City/State and Zip Code

BSATTER@JAMAICANALMONDS.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OR BRUCE SATTER 305-720-3386
ALLEN McSHERRY at (954) 914-3652
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

*35.00 CK SENT W/ ORIGINAL "CORP" FILING,
INSTEAD OF "LLC" FORM.
 \$55 Filing Fee & Certified Copy

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: JAMAICAN ALMONDS, LLC

2. (a) _____ (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)

* 776 BURGUNDY Q
DELRAY BEACH, FL 33484

335 LINTON BLVD #2045
DELRAY BEACH, FL 33483

7/18/2014

L 14000037340

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYES STREET
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALAHASSEE, FL 32301

_____ , FL _____

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TALLAHASSEE, FLORIDA

(b) Bruce H. SATTER
Enter name of NEW Registered Agent and/or NEW Registered Office address:

776 BURGUNDY Q
NEW Registered Office Address:

DELRAY BEACH , FL 33484

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Bruce H. SATTER
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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