

L1400059749

(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:

Valerie Spaulding GAVE
AUTHORIZATION BY PHONE TO
CORRECT BA Address
DATE 2-20-2015
DOC. EXAM T. Carter

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 20 PM 3:39

FEB 20 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JGEW PROPERTIES, 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:

Henry Heidenreich

Name of Person

Advanced Property Management, Inc.

Firm/Company

P.O. Box 66507

Address

St. Pete Beach, FL 33736

City/State and Zip Code

henry@advancedpropertymanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Henry Heidenreich

Name of Person

at (727)

548-8550

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

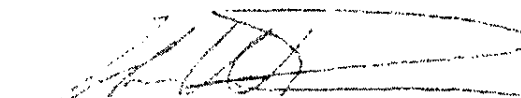
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)


Manager, JGEW Properties



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2015

HENRY HEIDENREICH
ADVANCED PROPERTY MANAGEMENT, INC.
P.O. BOX 66507
ST. PETE BEACH, FL 33736 US

SUBJECT: JGEW PROPERTIES LLC
Ref. Number: L14000059749

We have received your document for JGEW PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 415A00002788

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: JGEW PROPERTIES, LLC.

2. (a) 4970 PARK BLVD (b) P.O. BOX 66507
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

PINELLAS PARK, FL 33781 ST. PETE BEACH, FL 33736

3. 04/09/2014 4. L14000059749
Date of filing/registration in Florida Document number

5. (a) NONE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

ADVANCED PROPERTY MANAGEMENT, INC.
NEW Registered Office Address:
4970 Park Blvd

Pinellas Park, FL 33781

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] JOHAN WILSSON
Signature of a member or authorized representative of a member 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

FILED
SECRETARY OF STATE
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