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| (Requestor's Name) | | | | | | | |
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| PICK-UP | MAIT | MAIL | | | | | |
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| (Business Entity Name) | | | | | | | |
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| (Doc | ument Number |) | - | | | | |
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| Certified Copies | Certificate | s of Status | | | | | |
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| Special Instructions to F | iling Officer: | |] | | | | |
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COVER LETTER

| | istration Section sion of Corporations | | | | | | |
|---------------------|--|---------------------|--|--|--|--|--|
| SUBJECT: | JGEW Properties, LLC | | | | | | |
| 5013011011 | Name of Limited Liability Company | | | | | | |
| Dear Sir or N | Madam: | | | | | | |
| The enclosed | l Registered Agent/Registered | d Office Change a | nd fee(s) are submitted for filing. | | | | |
| Please return | all correspondence concerni | ng this matter to t | ne following: | | | | |
| Peter Murphy | | | | | | | |
| | Name of Person | | | | | | |
| HomeProp, L | | | | | | | |
| | Firm/Company | | | | | | |
| 5470 E Busch | Blvd, Suite 452 | | | | | | |
| | Address | | | | | | |
| Tampa, FL 33 | 3617 | | | | | | |
| | City/State and Zip Co | ode | | | | | |
| peter@homep | prop.com | | | | | | |
| E-mail | address: (to be used for futur | e annual report no | stification) | | | | |
| For further in | nformation concerning this m | atter, please call: | | | | | |
| Peter Murphy | | 813 at (| 598.2704 | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | |
| Reg Divi P.O. | ling Address: istration Section ision of Corporations . Box 6327 ahassee. FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Enc | losed is a check for the follo | wing amount: | | | | | |
| € \$ | 25 Filing Fee | ۵ | \$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.

| I. No | ame of the limited | liability company: JGEW | Properties | LLC | | | |
|------------------------------|--|--|---|--|---------------------------|--|---|
| 2. (a) | 5470 E Busch Blvd | 1 | | | (b) | 5470 E Bi | asch Blvd |
| (, | | ice address of limited liability cor MUST BE STREET ADDRESS | | - | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Suite 452 | MUST DI, STREET APPRESE | 2, | | | Suite 452 | (MAC. MAT M. 103) OF TEE NO. |
| | Tampa, FL 33617 | , | | _ | - | Fampa, Fl | 33617 |
| | 4/9/2014 | _ | | _ | l. | 14000059 | 749 |
| 3. | Date of | filing/registration in Florida | 1 | - 4. | _ | | Document number |
| 5. (a) | Tradewind Proper | ties, LLC | | | | | |
| ./. (a) | | d Registered Office shown on the | records of t | he Flori | da E | ept, of Stat | te: |
| | Registered Office A | ddress (MUST BE FLORIDA | STREET A | DDRE. | <u>SS)</u> | | _ |
| | Largo | | | 33771 | | | - !~ ! |
| | | | , FL | | <u>-</u> | | ·,·uct |
| (b) | HomeProp, LLC | | | | | | 9 |
| (0) | Enter name of NEW | Registered Agent and/or NEW | Registered | Office a | ıddr | ess; | 29 |
| | 5470 E Busch Blv | rd | | | | | - 33 |
| | NEW Registered O | ffice Address: | | | | | ယု |
| | #452 | | | | | | _ _ |
| | Tampa | | , FL | 33617 | | | |
| change agent v was/w | e or changes are m will be identical. (ere authorized by | ade, the Florida street addr Or, in the case of a Florida | ler the law ess of the limited liab nembers of | 's of th registe bility of the li | red com mit | office an pany, it i ed liabilit | orida, it is hereby confirmed that after the d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in |
| 1 - | n Wilsson | doffloop venfied 10/20/20 8 54 AM CEST PIEQ NCWS-2RAE (57) | in or the i | | | Wilsson | npany. |
| - Signa | iture of a member or a | uthorized representative of a men | ıber | | | | Printed or typed name of signee |
| provis. the obt to mer | hy accept the appoions of all statutes ligations of my po- ely reflect a chang d in writing of this | relative to the proper and sition as registered agent a ge in the registered office ac | it and agre complete p s provided ddress, I h | ee to ac perform for in ereby | ct in nan Ch con | i this cap ce of my apter 603 firm 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 |
| Pete | r Murphy | datloog verified 10/19/20 4 38 PM EDT EOSM-GSOD UMOY PVOZ | | | | | |