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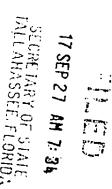
(Requestor's Name)				
(Address)				
(Ac	Idress)	,		
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	JEMAR, LLC				
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please 1	return all correspondence concerning th	nis matter to the following:			
Edgar	Matta				
	Name of Person				
ERM 8	Enterprises, Corp				
_	Firm/Company				
2500 8	SW 107 Ave; Suite 8				
	Address				
Miami,	, FI 33165				
_	City/State and Zip Code				
edgarr	matta@bellsouth.net				
E-	mail address: (to be used for future anr	nual report notification)			
For furtl	her information concerning this matter.	please call:			
Edgar	Matta	305 221-8142			
	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:					
i	■ \$25 Filing Fee	☐ \$55 Filing 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.

1. N	ame of the limited liability company: JEMAR, LL	C	_		
2. (a)	1/133 Victoria Iclo Dr		1/133 Victoria Ido Dr		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Weston, FI 33327	Weston	FI 33327		
					
	05/19/2014	L140000	81138		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Joel Friend and Associates				
(-)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Sta	te:		
	2863 Executive Park Drive	·			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	_		
	Weston , F	_{TL} 33331	17 SEC		
(b)	Jennifer Villarreal		SEP 27 AHASSE		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	Series Control of the		
	1433 Victoria Isle Dr.				
	NEW Registered Office Address:		AIE RIDA		
			_		
	Weston , F	L_33327	_		
me ena agent w was/we	mited liability company is not organized under the lange of changes are made, the Florida street address of the identical. Or, in the case of a Florida limited languages and the apthorized by an affirmative vote of the members cless of organization or the operating agreement of the	of the registered office liability company, it is of the limited liability	e and the business office of the registered s hereby confirmed that the change(s)		
<u>. L</u>	1. Ullelein	Jorge Villarre	eal		
	ure of a member or authorized tepresentative of a member		Printed or typed name of signee		
	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change	gree to act in this cap, e performance of my l ed for in Chapter 605 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been		
aignatur	e of Registered Agent Pivision of Corporations • P.O.	Box 6327● Tallahas	see, FL 32314		

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