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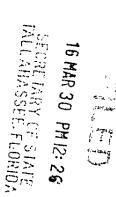




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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2016

JUAN SANCHELIMA 9807 COSTA DEL SOL BLVD MIAMI, FL 33178

SUBJECT: JAMS REAL ESTATE LLC

Ref. Number: L14000082915

We have received your document for JAMS REAL ESTATE 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 116A00004781

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT, JAMS REAL ESTATE LLC

Name of Corporation

DOCUMENT NUMBER:

L14000082915

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan A Sanchelima

Name of Contact Person

JAMS REAL ESTATE LLC

Firm/Company

9807 COSTA DEL SOL BLVD

Address

**MIAMI FL 33178** 

City/State and Zip Code

ANDYSANCHELIMA@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN A SANCHELIMA

.,305

5426189

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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 to rate.
1. Name of the limited liability company: JAMS REAL ESTATE LLC.
2. (a) 980 COSTA DEL SOL BIND (b) 9807 COSTA DEL SOL BIND (c) Mailing address of limited liability company:  (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
MAMI, FL 33178
3. Date of filing/registration in Florida  4. Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 WINDING OAK CORT  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TAMPA , FL 33612  (b) JUAN A. SANCHELIMA JR. Enter name of NEW Registered Agent and/or NEW Registered Office address:  9807 GOSTA DEL SOL BUD. NEW Registered Office Address:
MIAMI ,FL 33178
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 afficles of organization or the operating agreement of the limited liability company.  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 provision of all statutes relative to the proper and complete performance of my duties, and I am lamiliar with and accept
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 chapte in the registered office address, I hereby confirm that the limited liability company has been notifically writing of this change.

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