(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
(Only States Elph Hone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
\(u\)	,	···• ,			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
Office Use Only					



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10/14/14--01003--001 **25.00

OCT 21 2014

R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:					
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:					
Daniel L. Peele					
Name of Person					
Jet Realty Advisors, LLC					
Firm/Company Rother					
165 Sabal Palm Drive, Suite 171					
Address					
Longwood, FL 32779					
City/State and Zip Code					
dan@danpeele.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dan Peele 407 862-8405					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
2 \$25 Filing Fee					

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.	Name of the limited liability company:						
ہے2	(a) -	OH Address	(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)			
		585 S Ronald Reagan Blvd, Suite 121					
		Longwood, FL 32750					
3.			4.	Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of the Daniel L. Peele	Florida Dept. of Stat	ee:			
		Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS)	DANSSEE			
	<i>(</i> L)	,					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	fice address:	- P# F			
	`	Now Ado	dress_	Physical 3			
		NEW Registered Office Address:		maling			
		165 Sabal Palm Drive, Suite 171					
		Longwood, FL 32	2779				
the age wa	cha ent v s/we	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilities.	e registered offic lity company, it i he limited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in			
			Daniel L. Pe				
		ure of a member or authorized representative of a member	to ant in this can	Printed or typed name of signee			
the to	ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for ly r eflect a change in the registered office address, I her Lin writing of this change .	to act in this cap rformance of my or in Chapter 60. eby confirm that	pacity. 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			
Sig	natu	re of Registered Agent					