

L14000149350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

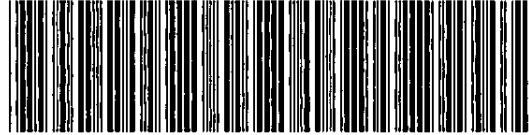
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100273473671

06/01/15--01041--006 **95.00

15 JUN -1 PM 12:19
STATE
FILING OFFICE

JUN 09 2015

C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COPORATE AND MAILING ADDRESS CHANGE

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:

JACK E. KARSON

Name of Person

JML BAY HARBOR, LLC

Firm/Company

12555 BISCAYNE BLVD., #954

Address

MIAMI, FL 33181

City/State and Zip Code

JKarson@Turnberry.com

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

For further information concerning this matter, please call:

JACK E. KARSON

Name of Person

at (305)

933-5581

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

2013 JUN 15 PM 12:19
JML BAY HARBOR, LLC
JACK E. KARSON

**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: JML BAY HARBOR, LLC

2. (a) JML BAY HARBOR, LLC (b) JML BAY HARBOR, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

12555 BISCAYNE BLVD., #955

MIAMI, FL 33181

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

12555 BISCAYNE BLVD., #955

MIAMI, FL 33181

09/22/2014

L14000149350

3. Date of filing/registration in Florida

4. Document number

5. (a) JML BAY HARBOR, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JACK E. KARSON

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

9550 BROADVIEW TERRACE

BAY HARBOR ISLANDS, FL 33154

(b) JML BAY HARBOR, LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

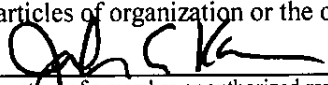
JACK E. KARSON, AMBR

NEW Registered Office Address:

12555 BISCAYNE BLVD., #954

MIAMI, FL 33181

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 of a member or authorized representative of a member

JACK E. KARSON

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 of Registered Agent

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