| 1400014  | 19350  |
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| (Requestor's Name)<br>(Address)<br>(Address)   | 000291537310   |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number) | 11/10/1601004018 **105.00  |
| Certified Copies Certificates of Status  | 16 NOV 28 AN 9: 31<br>SECRETARY OF STATE<br>TALLAHASSEE. FLORIDA |
| 201<br>Office Use Only   |  |

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2016

JACK E KARSON JML BAY HARBOR, LLC 2000 SOUTH BAYSHORE DRIVE STE 71 MIAMI, FL 33133

SUBJECT: JML BAY HARBOR, LLC Ref. Number: L14000149350

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We have received your document for JML BAY HARBOR, LLC and your check(s) totaling \$105.00. 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 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.

Shelia H Young Regulatory Specialist II

Letter Number: 216A00024384

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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|---------------|----|---|----------|--|
|               |    |   | <b>é</b> |  |

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

| SUBJECT: | JMLBA |                                   |
|----------|-------|-----------------------------------|
| -        |       | 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:

Firm/Company

VE, JUTE: 71 Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number

Name of Person

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

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 2. (a) office address of limited liability company: Principal Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 4 Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address STREET ADDRESS) (MUST BE NOV 28 A (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: ۻ Ć) NEW Registered Office Address 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 on the operating agreement of the limited liability company. ber of authorized representative of a member Signature of a mom 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 mv 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 the change. notified in writing of change

Signature of Registered Agent

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