## L14 000 149 603

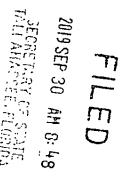
(Re	equestor's Name)	·
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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\* SULKER OCT 1 7 2019

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: FLORIDAIMMO LLC	
	Nan	ne of Limited Liability Company
Dear S	Sir or Madam:	
The cr	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Olivie	er Sureau	
	Name of Person	
JADE	FIDUCIAL INC	
	Firm/Company	<del></del>
990 B	Biscayne Blvd Office 701	
	Address	
MIAM	H, FL 33132	
	City/State and Zip Code	
OSUF	REAU@JADE-FIDUCIAL.COM	
Е	-mail address: (to be used for future ann	ual report notification)
For fun	ther information concerning this matter,	please call:
OLIVII	ER SUREAU	305 579-0220
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MATLING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations Clifton Building	Division of Corporations
	2661 Executive Center Circle	P.O. Box 6327
	Tallahassec, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
RIZHM	(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.

Name of the limited liability company: FLORIDAIMI	MO LLC	-
4301 N Federal Highway Ste. 2  Principal office address of limited liability company:  (Soic: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited limbility company: (Note: MAY BE POST OFFICE BOX)
Pompano Beach, FL 33064		· ·
09/24/2014	— – L14(	000149603
Date of filing/registration in Florida	4.	Document number
, Benjamin Gene		
Registered Agent and Registered Office shown on the records of	The Florida Dept.	of State:
Keyes Property Management	• "	
Registered Office Address (MINT BE FLORIDA STREET	ADDRESS	<del>-</del> 7
4301 N Federal Highway Ste 2		77.
Pompano Beach	. 33064	
	L	<del></del>
, JADE FIDUCIAL		10 O
Finter name of NEW Registered Agent and/or NEW Registered	d Office address:	
		For a
990 BISCAYNE BLVD		<u></u>
NEW Registered Office Address:		igh c
OFFICE 701		<i>Y</i>
MIAMI	33132	
e limited liability company is not organized under the la	ws of the State	office and the business office of the registered
will be identical. Or, in the case of flords limited li- were authorized by an affirmative tree of the members rticles of organization or the opening account of the	of the limited le limited liabili	is it is necessy confirmed that the change(s) in its increase or as otherwise provided in ty company.
nature of a member are durthorneed sense centative of a member	Meue	Printed or typed name of signece
why accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete hilipations of my position as registered agent as provide trelivellect a change in the registered affice address. I seed in writing of this change.	ree to act in the performance of for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I um familiar with and accept or 605, F.S. Or, if this document is being filed in that the limited liability company has been
iture of Registered Avent		

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