114000175756

(Requestor's Name)
(Address)
,

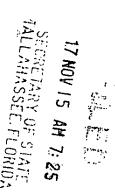
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900305622939

11/15/17--01028--020 **55.00



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT:	
	Name of Lin	nited Liability Company
Dear S	Sir or Madam:	
The en	enclosed Registered Agent/Registered Office Char	ge and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter	to the following:
1	ndry Soler Name of Person	
\mathcal{D}_{i}	JEG Property Inver	tments LCC.
140	609 Brentwood Plag	<u> </u>
	am Pa, Fz 33618 City/State and Zip Code	
	E-mail address: (to be used for future annual repo	rt notification)
For fu	urther information concerning this matter, please	call:
	Andry Boler at (S	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

₱ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Eiling Fee

Enclosed is a check for the following amount:

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.	Na	ime of the limited liability company: DJA G Property Incestments UC		
2.	(a)	(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)		
		14603 Brentwood Place 14603 Brentwood Place		
	<	Jampa, FZ 33618.		
		11/12/2014 L14000175756		
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 Agests and Registered Office shows on the Forsita Sept. of State.		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		14603 Brentwood Place		
		Tampa , FL 33del8 85 5		
	(h)			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
		Option of the second of the se		
		NEW Registered Office Address:		
		14603 Brentwood Place		
	-	10 W. 22/018/ .		
		Jante FLEL 33618		
the	e cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered		
wa	is/w	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an appropriate vote of the members of the limited liability company or as otherwise provided in		
th	e art	icles of organization or the operating agreement of the limited liability company.		
_	Signa	ture of months of 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 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.				
no	nne	a in writing of mry change.		
Si	gnatu	are of Registor Agent		
		Division of Companytions B.O. Boy 6227a Tollahosson FI 32314		

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