

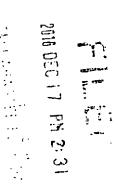
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to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



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D. BRUCE 'JAN 05 2019

COVER LETTER

| Division of Corporations | | | | |
|--|-----------------|---|------------|-------------|
| SUBJECT: The Jupiter Circle LLC | me of Limited | Liability Company | | |
| Dear Sir or Madam: | ne or ismited | Thursty Company | | |
| The enclosed Registered Agent/Registered Of | lice Change at | nd fee(s) are submitted for filing | | |
| | _ | - | | |
| Please return all correspondence concerning the | us matter to th | ic following: | | |
| Gabriela Guzman | | | | |
| Name of Person | | | | |
| The Jupiter Circle | | | | |
| Firm/Company | | | | |
| 7248 SW 63rd Ave | | | | |
| Address | | | | |
| Miami, FL 33143 | | | 2018 050 1 |)) 7 |
| City/State and Zip Code | | | () tak | <u></u> |
| gaby@gabyguzman.com | | | | |
| E-mail address: (to be used for future and | nual report not | ification) | | Ti. |
| For further information concerning this matter | , please call: | | | ? ? |
| Michelle Jreige | 305 | 510-1854 | | |
| Name of Person | 41 (| Area Code & Daytime Telephone Number | r | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R D P | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314 | | |
| Enclosed is a check for the following | g 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.

| I. N | ame of the limited liability company: The Jupiter C | AIGH LLC | |
|----------------------------|--|--|--|
| 2. (a) | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 1951 NW 7th Ave #600 | 72 | 248 SW 63rd Ave |
| | Miami, FL 33136 | Mi | iami, FL 33143 |
| | 12 /01/2018 | L14 | 1000183575 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
|), (u) | Registered Agent and Registered Office shown on the records of | the Florida Dep | t. of State: |
| | United States Corporation Agents, Inc. | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | · 2 |
| | 13302 Winding Oak Court A | | |
| | Tampa | 33612 | 2011 DEC 17 PH |
| | Tampa ,FI | , | |
| (b) | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | l Office address | 2 29 3 |
| | Jreige Management Group Inc. | | |
| | NEW Registered Office Address: | | |
| | 4035 SW 2nd St | | |
| | Coral Gables | 33134 | |
| | | | |
| i the i he cha | imited liability company is not organized under the la ange or changes are made, the Florida street address o | ws of the Stat f the registere | le of Florida, it is hereby confirmed that after ed office and the business office of the registered |
| | will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of | | |
| | icles of organization or the operating agreement of the | | |
| | | Gabrie | la Guzman |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| provisi he obl o mer | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. | ree to act in t performance d for in Chap hereby confir | his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed m that the limited liability company has been |

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

INHS18 (2/14)