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S. WARREN DEC 0 8 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
J Baron Real Estate, LLC					
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
ADAN	M SELIGMAN, ESQ.				
	Name of Person		 ,		
WAR	D DAMON PL				
	Firm/Company		-		
4420	BEACON CIRCLE				
	Address		_		
WES'	T PALM BEACH, FL 33407				
	City/State and Zip Code				
ASEL	LIGMAN@WARDDAMON.COM				
E	-mail address: (to be used for future and	ual report notifi	cation)		
For fur	ther information concerning this matter,	please call:			
ADAN	M SELIGMAN	561	842-3000		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	☑ S25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHSIS	8 (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. N	lame of the limited liability company: J Baron Rea	I Estate	, 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)
	49 SW Flagler Ave, Suite 301		49 SW	Flagler Ave, Suite 301
	Stuart, FL 34994		Stuart,	FL 34994
	01/13/2015		L150000	006809
3.	Date of filing/registration in Florida	4.		Document number
5. (a	, Jeremiah B. Baron			
J. (12	Registered Agent and Registered Office shown on the records of	t the Florid	a Dept. of Sta	nte:
	Registered Office Address	ADDRES:	<u> </u>	_
	49 SW Flagler Ave. Suite 301			_
	Stuart , F	L 34994		_ 2 3
				OEC T
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	- 蒙 6 元
	ADAM SELIGMAN, ESQ.			PH 12: 4.3 EE, FLORID
	NEW Registered Office Address:			
	4420 BEACON CIRCLE			-
	WEST PALM BEACH , FI	_ 33407		
the chagent was/v the ar Sign I heroprovite the of to me.	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the autre of a realter or authorized representative of a member sions of all statutes relative to the proper and complete organizations of my position as registered agent as provide rely reflect a change in the redistered office address. I writing of this change.	of the reginability or of the limited Left Left Left Left Left Left Left Left	stered officompany, it nited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Printed or typed name of signee pacity. I further agree to comply with the educios and Lam familiar with and accept
Signat	ure of Registered Agent			