(Requestor's Name) (Address) (Address)	300329389763					
(City/State/Zip/Phone #)	სა/20/190102300ნ **2ა.08					
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	S TALLEN- JUN 05 2019	2019 MAY 20 PM 5: 23 Secretary of State Tall maassee, FL				
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COVER LETTER

TO: Registration Section Division of Corporations

JETSET PHEATES WARDC

Totset Miami IV LLC

SUBJECT: _____

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:

MICHAEL SCHWARTZ

Name of Person

Jewett, Schwartz & Associates

Firm/Company

200 S. Park Road Suite 150

Address

Hollywood, Florida 33021

City/State and Zip Code

ARYAN@JETSETMIAMI.COM

V

_) _

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

For further information concerning this matter, please call:

510 at (

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

MAILING ADDRESS:

912-7943

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

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:	JETSET PILA	resdu	1248	Jetset	Miami	<u> </u>	L
	Principal office address of limited lia (Note: MUST BE STREET A		_	/ <u> </u>	Mailing address of (Note: MAY E	of limited liability 3E POST OFFIC		y:
	14761 BISCAYNE BLVD			1 4761	BISCAYNE BLVD FL 33181			
	Miami FL 33181			Miami				
	01/21/2015			L15000	012806			
.	Date of filing/registration in	Florida	4.		Document nu	ımber		
. (a)								
	Registered Agent and Registered Office show	vn on the records of th	ne Florida	Dept. of St	late:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				S L	201		
	1001 BRICKELL BAY DRIVE	SUITE 2650				UN.	9 M (-
	MIAMI		3131			CRETARY (2019 MAY 20	
		, rL_	· · · ·		_		õ	5
(b)						Son	PH	m
	Enter name of NEW Registered Agent and/o	or NEW Registered C	Office add	ress:		က်က	ت	\bigcirc
	MICHAEL SCHWARTZ					FL	23	
	NEW Registered Office Address:							
	200 S. Park Road Suite 150				_			
	HOLLYWOOD	FL.	3021					
e cha ent was/we	imited liability company is not organizing or changes are made, the Florida will be identical. Or, in the case of a f ere authorized by an affirmative vote co cles of organization or the operating a	street address of the florida limited liab of the members of	he regis bility cou the limi	ered offi npany, it ted liabil	ce and the busin is hereby confir ity company or a	ess office of t rmed that the	he regis change(stered
	- A				APN	AN PAK	:HED)
Signat	ture of a member or authorized representative of	of a member			Printed or typed			
e obli mere	by accept the appointment as registered ons of all statutes relative to the proper- igations of my position as registered a ely reflect a change in the registered of i in writing of this change.	ed agent and agree er and complete p igent as provided ffice address. I he	e to act erforma for in C creby co	in this ca nce of m hapter bl nfirm tha	pacity. I further y duties, and I an 05. F.S. Or. if th at the limited lial	r agree to com m familiar wil nis document i bility company	iply with h and a s being has be	h the ccept filed en

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

Signature of Registered Agent