L15000025383

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations		
JMC 02, LLC		
	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
Benjamin Gene		
Name of Person		
Keyes Property Management		
Firm/Company		
4301 N Federal Highway, Ste. 2		
Address		
Pompano Beach, FL 33064		
City/State and Zip Code		
Bgene@keyespm.com		
E-mail address: (to be used for future and	nual report notification)	19
For further information concerning this matter,	please call:	19 нат 28
Benjamin Gene	561-598-5760	•
Name of Person	Area Code & Daytime Telephone Number	TE .
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	£: 45
Enclosed is a check for the following		
☑ \$25 Filing Fee	S55 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.

1. N	ame of the limited liability company: JMC 02, LLC		
2. (a)	990 Biscayne Blvd	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Office 701		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33132		
	02/26/2015	L1500	00025383
 (a) 	Date of filing/registration in Florida Fiducial Jade INC	4.	Document number
(··)	Registered Agent and Registered Office shown on the records of 990 Biscayne Blvd	the Florida Dept o	f State:
	Registered Office Address (MUST BE FLORIDA STREET / Office 701		
	Miami	33132	
(b)	Benjamin Gene Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	4301 N Federal Highway		16
	NEW Registered Office Address.		—
	Suite 2		2 HAR 28 CR
	Pompano Beach, FL	33132	PH L
agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of Florida limited lia ere authorized by an affirmative face of the members of icles of organization in the organizating agreement of the ture of a member or authorized approximative of a member thy accept the appriminent as registered agent and agree out of all statutes relative to the proper and complete figutions of myposition as registered agent as provided they reflect a mange by the registered office address. I he	the registered o shility company of the limited lia limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee
Signatu	re of Registered Apent		

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