

L160000007846

(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:

Office Use Only



800296371498

03/08/17--01001--002 **55.00

RECEIVED
DEPARTMENT OF STATE
17 MAR -7 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -7 A 9:25

FILED

S Warren
MAR 08 2017

\$55.00

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/7 Glinda

- ☒ **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** LLC amend

1. **JEN FLORIDA 24, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEN FLORIDA 24, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GRANT T. DOWNING

Name of Person

GODBOLD, DOWNING, BILL & RENTZ, P.A.

Firm/Company

222 W. COMSTOCK AVE., SUITE 101

Address

WINTER PARK, FL 32789

City/State and Zip Code

KHORAN@GDB-LAW.COM

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

For further information concerning this matter, please call:

GRANT T. DOWNING

Name of Person

at (407)

Area Code

647-4418

Daytime Telephone Number

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: JEN Florida 24, LLC

SECOND: The Florida Document number of the limited liability company is: L16000007846

THIRD: The street address of the limited liability company's principal office is:

1750 W. Broadway

Suite 111

Oviedo, FL 32765

The mailing address of the limited liability company's principal office is:

1750 W. Broadway

Suite 111

Oviedo, FL 32765

FOURTH: The date the statement of authority became effective is: 1/15/2016

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is
given to correct the entity name in signature block of the statement
of authority from JEN Florida 22, LLC to JEN Florida 24, LLC.

*see attached signature page

Signature of authorized representative

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

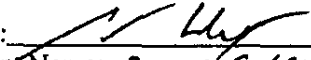
CR2E145 (2/14)

FILED
2017 MAR -7 A 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

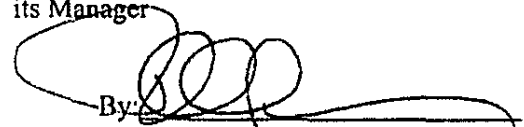
Signature Page
To
Statement of Authority

JEN FLORIDA 24, LLC,
a Florida limited liability company

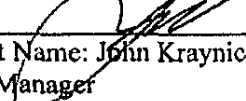
BY: JEN V GP LLC, a Delaware limited
liability company, its Manager

By: 
Print Name: Reuben S. Leibowitz
Its: MANAGER

BY: Sun Terra Communities I, LLC,
a Florida limited liability company,
its Manager

By: 
Print Name: Richard A. Jerman
Its: Manager

And

By: 
Print Name: John Kraynick
Its: Manager

FILED
2017 MAR -7 A 9 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA