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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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2017 JUL 20 PH 12: 24

J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations					
SHRII	JC HOMEOWNERSHIP FL LLC					
SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the following:				
CESA	AR PIMENTEL SANTIAGO					
	Name of Person					
JC H	OMEOWNERSHIP FL LLC					
	Firm/Company					
5934	MANCHESTER WAY					
	Address					
TAMA	ARAC, FL 33321					
	City/State and Zip Code					
JC.H	OMEOWNERSHIPLLC@GMAIL.C	СОМ				
E	-mail address: (to be used for future ann	ual report notification)				
For fur	ther information concerning this matter,	please call:				
CESA	R PIMENTEL SANTIAGO	954 790-9199				
	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: 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.

1.	Na	me of the limited liability company: JC HOMEOWN	NERSI		LC
2. (a) _.	Principal office address of limited liability company:	_ (h)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)	-		(Note: MAY BE POST OFFICE BOX)
3.		Date of filing/registration in Florida	- 4.	LUC	Document number
	۲۲	JOSE J MERLE RAMOS			
5. ((a)	Registered Agent and Registered Office shown on the records of the 5934 MANCHESTER WAY			tate:
		Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDKESS</u>	2	
		TAMARAC , FL	33321	_	PIN JUL 20 SEVANIAS
,	b)	CESAR PIMENTEL SANTIAGO			St dign.
,	o)	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	PH 12:
		5934 MANCHESTER WAY			2: 24 OFFIDE
		NEW Registered Office Address:			
		TAMARACFL	33321		
the agei	cha nt v /wc	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility co the limited l	stered off ompany, i sited liabi iability c	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
·			CE	SAR PI	MENTEL SANTIAGO
I he pro the to n noti	erei visi obl nere fied	ture of a member of authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent	ee to act perform for in (ereby c	in this ca ance of m Chapter 6 onfirm the	Printed or typed name of signee apacity. I further agree to comply with the ty duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been