L16000 035 384

(Reques	stor's Name)					
(Addres	s)					
(Addres	s) .					
(City/Sta	ate/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Busine	ss Entity Name)					
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



400342295894

03/26/20++01012++013 **25.00

2020 MAR 26 PM 2: 04



APR () 8 2020 I ALBRITTON

COVER LETTER

Ť.

Division of Corporations	
Jake 2, LLC SUBJECT:	
	ted 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:
Kevin J Gordon	
Name of Person	
Jake 2 LLC	
Firm/Company	
1221 Placetas Ave	
Address	
Coral Gables, FL 33146	
City/State and Zip Code	
kg@capitalroadllc.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	1:
Kevin J Gordon 305	753-3988
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Enclosed is a check for the following amount:	Tallahassee, FL 32303 ☐ \$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.

Na	me of the limited liability company: Jake 2, LLC						
(a)	1221 Placetas Ave Coral Gables, FL 33146	(1	(b) 1221 Placetas Ave Coral Gables, FL				6
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY BE POST OFFICE				
							
	02/19/2016	_	L16000035				
	Date of filing/registration in Florida	4.		Document nu	mber		
(a)	Kevin J Gordon						
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept, of Sta	te:			
	14361 Commerce Way Suite 306			_			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>2)</u>		<u>32</u> 5	202	
				_	'- '-	2020 HAR	71
	Miami Lakes . Fl	L				5 5	,
						26	<u> </u>
(b)				_		7	(
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office at	<u>ldress</u> :			2: (
	Kevin J Gordon				ž.	03	
	NEW Registered Office Address:						
	1221 Placetas Ave			_			
	Coral Gables	33146					
ange ent v as/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability co of the lin : limited	ed office ar ompany, it i nited liabili	nd the business is hereby confi- ty company or mpany.	office o	of the re at the ci	egistered hange(s)
Signat	ture of a member or authorized representative of a member		10.3 (30000)	Printed or typed	i name of	signee	
herel ovisi e obl mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to ac e perform ed for in (hereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further duties, and I a 5, F.S. Or, if the the limited liad	r agree m famili iis docu bility co	to comp iar with ment is mpany	ply with the and accep being filea has been