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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2016

SJS INVESTMENTS LLC JAMIE LISA SENECA 3752 NW 62ND ST. COCONUT CREEK, FL 33073

SUBJECT: SJS INVESTMENTS, LLC

Ref. Number: L16000047416

We have received your document for SJS INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00019504

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SJS INVST	MCHS, LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jamie Lisa Senece Name of Person	<u></u>
SJS INVESTMENTS, LI Firm/Company	C
3752 NW 42 nd Stree	<u>+</u>
COLONUT CITER, FI 3	33073
City/State and Zip Code Tamle @ Tamle Sene E-mail address: (to be used for future annu	
For further information concerning this matter, p	•
Jamie seneca	at 954, 647-9482
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 a	nmount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14) See attached letter,	\$35 Filing fee was already paid.

STATEMENT OF CHANGE OF REGISTERED-EFFICE 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	ime of the limited liability company: STS INVESTMENTS, LLC
2. (a)	3752 NW 42 nd Street (b) 3752 NW 42 nd Street
2. (u)	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) CD(ONUT (19CK, F1 33073)
	<u> </u>
	3/7/2016 L16000047416
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Corporation Service Company
` /	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Eg & T
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	ROI Hay Jirtet
	Registered Agent and Registered Office shown on the records of the Florid Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) LOI HAYS STYPET Tallahaiste , FL 32301 Samie Lisa Seneca
	Jamie Lisa Seneca
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	3752 NW 62nd Street
	NEW Registered Office Address:
	COCONUT Creek, FI 33073
	, FL
If the l	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
the arti	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ickes of preganization or the operating agreement of the limited liability company.
-	Same sonoca Jamie Jeneca
•	the of a number or authorized representative of a member Printed or typed name of signee
l here.	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the first of the complete performance of my duties.
to men notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept lighting for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been also be fitting of this change.
	MI MI ONOLO
Sign au	re de Registered Agent

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