

L16000055502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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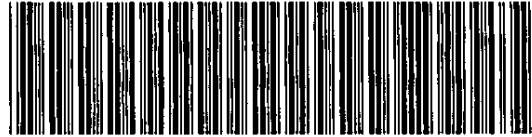
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jet Loan Capital, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Harris
Name of Person

Jet Loan Capital
Firm/Company

1075 SE St. Lucie Blvd
Address

Stuart, FL 34996
City/State and Zip Code

Samharris09@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Harris at (513) 520-4624
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Name of the limited liability company: JetLoan Capital, LLC

2. (a) 1075 SE St. Lucie Blvd (b) 1075 SE St. Lucie Blvd

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Stuart, FL 34996

Stuart, FL 34996

3. 3/11/2016 Date of filing/registration in Florida 4. L16000055502 Document number

5. (a) Samuel Harris
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

82 SE Harbor Point Dr.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Stuart, FL 34996

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Samuel F. Harris
1075 SE St. Lucie Blvd

NEW Registered Office Address:
Stuart, FL 34996

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Samuel F. Harris
Signature of a member or authorized representative of a member

Samuel F. Harris
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Samuel F. Harris
Signature of Registered Agent

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

FILED
17 FEB - 6 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA