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SECRETANT OF STATE
TALLAHASSIFE FI ORIOA

N. HARRIS

COVER LETTER

	Registration Section Division of Corporations		•						
SUBJE									
	Name of Limited Liability Company								
Dear Sir	Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.									
Please r	eturn all correspondence concerning thi	s matter to th	ne following:						
lim	my Lee								
	Name of Person								
	Name of Ferom								
JKL	Homes, LLC								
	Firm/Company								
1845	9 Pines Blvd., #228								
	Address								
Pemb	broke Pines, FL 33029								
	City/State and Zip Code								
jklhor	mesllc@gmail.com								
E-	mail address: (to be used for future ann	ual report no	tification)						
For furt	her information concerning this matter,	please call:							
Jimm	y Lee	954	899-0368						
	Name of Person		Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:		MAILING ADDRESS:						
	Registration Section		Registration Section						
	Division of Corporations		Division of Corporations						
	Clifton Building 2661 Executive Center Circle		P.O. Box 6327						
	Tallahassee, Florida 32301		Tallahassee, Florida 32314						
Enclosed is a check for the following amount:									
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.	Nai	me of the limited liability company:	JKL Homes,	LLC				
2. (a	a)	18459 Pines Blvd., #228		_ (b)	18459	Pines Blvd., #2	228	
(•, .	Principal office address of limited lial (Note: MUST BE STREET A)		_ (0)	М	failing address of limi	-	
		Pembroke Pines, FL 33029			Pembr	oke Pines, FL	33029	
		04/26/2016			L160000			
3.		Date of filing/registration in	Florida	4.]	Document numbe	er	
5. (a)	Jimmy Z Lee						
		Registered Agent and Registered Office show 18055 SW 26 Court	n on the records of th	e Florida I	Dept. of State:	Ξ		
		Registered Office Address (MUST BE F1	ORIDA STREET AL	DDRESS)				
		Broward	, FL_3	33029		3 C C	16 JUL SECKE	in the same of the
(l	b)	Jimmy Z Lee				j	- 15 - 15 - 15 - 15	- 100 mm.
`		Enter name of NEW Registered Agent and/o	r NEW Registered C	Office add	ress:	į		1 1
		18459 Pines Blvd., #228					RY OF STATE	
		NEW Registered Office Address:					>	
		Pembroke Pines	, FL	33029				
the cagen	ha it w we	mited liability company is not organizing or changes are made, the Florida will be identical. Or, in the case of a Fire authorized by an affirmative vote of cless of organization or the operating a	street address of t lorida limited lial of the members of	he regist bility cor the limi imited li	ered office npany, it is ted liability	and the business hereby confirmed company or as o pany.	office of the dath of the ch	e registered ange(s)
Sig	gnat	ure of a member or authorized representative	of a member			Printed or typed nam	ne of signee	
prov the c to m notij	visio obli ere fied	by accept the appointment as register ons of all statutes relative to the proping at least of my position as registered of the control of this change.	ed agent and agre er and complete p igent as provided iffice address, I h	e to act i performa for in Ci ereby co	in this capa nce of my a hapter 605, nfirm that t	ncity. I further ag luties, and I am fa , F.S. Or, if this a the limited liabilit	ree to comp amiliar with document is ty company i	ly with the and accept being filed has been
Sign	atu	re of Registered Agent						