

L16 000083031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

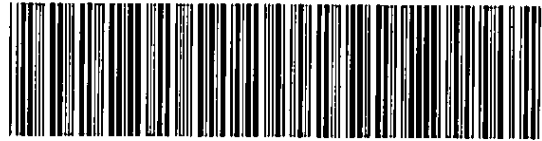
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000334931070

09/30/19--01035--022 **25.00

FILED
2019 SEP 30 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

OCT 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FS 12 LLC

Name of Limited 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:

Olivier Sureau

Name of Person

JADE FIDUCIAL INC

Firm/Company

990 Biscayne Blvd Office 701

Address

MIAMI, FL 33132

City/State and Zip Code

OSUREAU@JADE-FIDUCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLIVIER SUREAU

Name of Person

at (305) 579-0220

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. Name of the limited liability company: FS 12 LLC
2. (a) 4301 N Federal Highway Ste. 2 (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Pompano Beach, FL 33064

3. 04/27/2016 Date of filing/registration in Florida 4. L16000083031 Document number

5. (a) Benjamin Gene
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Keyes Property Management
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
4301 N Federal Highway Ste 2

Pompano Beach FL 33064

- (b) JADE FIDUCIAL
Enter name of NEW Registered Agent and/or NEW Registered Office address

990 BISCAYNE BLVD

NEW Registered Office Address

OFFICE 701

MIAMI FL 33132

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.

Signature of a member or authorized representative of a member

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.

Agent or Registered Agent

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

FILED
2019 SEP 30 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA