LI6000108395								
(Requestor's Name) (Address) (Address)	100286934131							
(City/State/Zip/Phone #)	07/26/1601003019 **25.00							
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: WOR SHUK	TLED 2016 JUL 25 PH 5:47 PER ME 22 PI2: 31 ECRETARY OF STATE MALLAHASSET FLORIDA							
	S Warren AUG 2 3 2018							

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2016

JAIME PEISACH JEP HOLDINGS GROUP LLC 11061 NE 6 AVE MIAMI, FL 33161

SUBJECT: JEP HOLDINGS GROUP LLC Ref. Number: L16000108395

We have received your document for JEP HOLDINGS GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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.

Stacey M Warren Regulatory Specialist II

Letter Number: 516A00015977

COVER LETTER

TO: **Registration Section Division of Corporations**

DEP HOLDING⁵ 6100P LLC Name of Limited Liability Company SUBJECT:

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:

JAINE PEIGACH Name of Person

JEP HOLDINGS GOUP LLC Firm/Company

11061 NE GTAVE Address

MIANI FL 33161 City/State and Zip Code

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

For further information concerning this matter, please call:

JAIME PEISACH
Name of Personat (305)
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

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. Na	me of the limited liability company:	フト	PI	1060			P LL	
2. (a)	11061 NE 6TH AVE	•	(b)_	110	261 /	VE 6	Th AVE	<u> </u>
	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	• •	- 、/-			s of limited lial	bility company:	
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			- , -	·····	7 11 1 1			
	33161					331	6/	
	06/03/16			L)	6000	1083	95	
3.	Date of filing/registration in Florida		4.		Document			
5. (a)	CATALINA UNISE							
()	Registered Agent and Registered Office shown on the	records of the	e Florida D	ept. of Stat	e:			
	11061 NE 674	AV			_			
	Registered Office Address (MUST BE FLORIDA	<u>STREET AL</u>	DDRESS)					
					_			
	MIAN	, FL	<u> </u>	161	_	2016		
(b)	JAIME PEISACH Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Pagistared ()	flice addr		-	ASS ASS	1 1 1	
	The name of <u>reaving stored Agent</u> and or <u>reaving</u>	<u>Negistered (</u>	unc <u>e augu</u>	<u></u> .		Te T	m	
	11061 NE 6T	5 A	VE			RETARY OF ST AMASSIE, FLO		
	NEW Registered Office Address:				-	STATE STATE		
					-	₽ -		٠
	\sim 10 - 1	, FL_	7-	5161				
		, FL	. • .		-			
If the li	mited liability company is not organized und nge or changes are made, the Florida street a	ier the laws	s of the S	tate of Fl	orida, it is h	ereby confir	med that after	: ered
agent w	vill be identical. Or, in the case of a Florida l	limited liab	oility com	ipany, it i	is hereby co	nfirmed that	the change(s))
the artig	re authorized by an affirmative vote of the m sets of organization or the operating agreement	embers of ent of the li	mited lia	bility cor	npany.			'n
	Jaime Plisach			JA1	1E	PEISA ped name of sig	actt	
- 77	are of a member or authorized representative of a mem							
I Herel proviși	by accept the appointment as registered agen ons of all statutes relative to the proper and	t and agre complete p	e to`act ii erforman	n this cap ice of my	acity. I furi duties, and	ther agree to I am familia	comply with r with and ac	the cept
to mere	ons of all statutes relative to the proper and igations of my position as registered agent a ly reflect a change in the registered office a diversibility of this change.	s provided ddress, I he	jor in Ch ereby con	apter 60. firm that	the limited	liability com	ent is being fi pany has bee	nea n
	d'in writing of this change.	1						
Signatur	re of Registered Agent	<u>-</u> -						

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

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