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## **COVER LETTER**

* TO: Registration Section Division of Corporations			
SUBJECT: South Fl JEM Holdings + Leasing, LC. Name of Limited Llability 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:			
JORGE Benitez			
Firm/Company			
1030 NW 16/ AUR Address			
City/State and Zip Code  Lines F1. 3302P  City/State and Zip Code  JORGE BNTZ 7 @ gm Ail. com			
Liberites JORGEBNITZ 7 @gmAIL. COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Torge Benitez at (786) 262-3726  Name of Person Area Code & Daytime Telephone Number			
Name of Person			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle 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. Name of the limited liability company: South FI JAM Holdings & Leasing LC
2. (a) JARGE BENITEZ (b) MARIA BENITEZ
Principal office address of limited liability company:  Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
1030 NW /6/ AVE (SAME)
fron broke Vines, Fl. 33028
6/16/16 6/6000116225
3. Date of filing/registration in Florida 4. Document number
5. (a) Louedes Corso V.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  14750 NW 7774 CT  High and Lake S FL 33016
Miami LAKES FL 330/6
O $e$ $+$ $-$
(b) Care VS-en 1 to 2  Enter name of NEW Registered Agent and/or NEW Registered Office address:
Effect finding of NEW Registered Agent and of NEW Registered Office auditess.
NEW Registered Office Address:
1030 NW 16/AU-C
Pembeoke Pines, FL 33028
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 anthorized representative of a member  Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of allistatutes 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.
Signature of Registered Agent
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314
FILING FEE: \$25.00
INHS18 (2/14)