

616 000 147584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

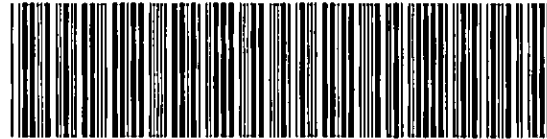
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JUL 17 AM 7:52  
STATE  
TALLAHASSEE FLORIDA

# WOLZCORPORATEUSA

36 SOUTH 18<sup>TH</sup> AVENUE, SUITE D, BRIGHTON, CO 80601

WWW.WOLZCORPORATE.COM

T: 303.655.9659

F: 303.942.7322

MIKE@WOLZCORPORATE.COM

July 11, 2017

Via USPS

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

**RE: Change of Agent**

To whom it may concern:

Please file the enclosed 2 Change of Agent documents.

Upon completion, please email or mail evidence to me at the address above.

Please let me know if you have any questions.

Best regards,

Mike Mirrione  
mike@wolzcorporate.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUPITER BW 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:

Wolz Corporate USA, Inc. (C. Jackson)

\_\_\_\_\_  
Name of Person

Wolz Corporate USA

\_\_\_\_\_  
Firm/Company

36 S. 18th Ave, Suite D

\_\_\_\_\_  
Address

Brighton, CO 80601

\_\_\_\_\_  
City/State and Zip Code

Compliance@gouldratner.com

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

For further information concerning this matter, please call:

Char Jackson

at ( 303 )

665.9659

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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: JUPITER BW LLC
2. (a) 203 S. BEACH RD.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
HOBE SOUND, FL 33455-2510
- (b) 222 N. LASALLE ST., STE 800  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
CHICAGO, IL 60601
3. 08/01/2016  
Date of filing/registration in Florida
4. L16000143584  
Document number
5. (a) NRAI SERVICES, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 South Pine Island Road  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Plantation, FL 33324
- (b) Universal Registered Agents, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
3458 Lakeshore Drive  
NEW Registered Office Address:  
Tallahassee, FL 32312

17 JUL 17 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Julie A. Gracz  
Signature of a member or authorized representative of a member

Julie A. Gracz  
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.*

Michael Mirrone  
Signature of Registered Agent MICHAEL MIRRONE, ASST. V.P.

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