1/6000213900

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	, JANDE, LLC					
30Dane i	Name of Limited Liability Company					
Dear Sir or	- Madam:					
The enclose	ed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning this	matter to the f	'ollowing:			
Kenneth	Damas					
	Name of Person		_			
Law Office	ce of Adorno-Cunill & Damas, P	L				
	Firm/Company	- 1	-			
1000 Brid	ckell Avenue, Suite 720					
	Address	· · · · · · ·				
Miami, Fl	lorida 33131					
•	City/State and Zip Code	-	_			
Andrea@	CunillLawfirm.com					
E-mai	il address: (to be used for future annua	ıl report notifi	cation)			
For further	information concerning this matter, p	lease call:				
Kenneth	Damas	305	381-9999			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations from Building 64 Executive Center Circle llahassee, Florida 32301	Reg Div P.O	ALING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, Florida 32314			
En	Enclosed is a check for the following amount:					
5 21 :	\$25 Filing Fee	□ \$5	5 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. ì	Name of the limited liability company: JANDE, LLC					
2. (a	1201 ORANGE STREET SUITE 600	(b)	(b) 1201 ORANGE STREET SUITE 600			
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing add	ress of limited liability company: IAY BE POST OFFICE BON		
	WILMINGTON, DE 19801		WILMINGTON,	DE 19801		
	11/14/2016	— l	.16000213900			
3.	Date of filing/registration in Florida	- 4	Documer	nt number		
5. (a	C T CORPORATION SYSTEM					
. (.	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State:			
				78		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
	1200 SOUTH PINE ISLAND ROAD			ect ·		
	PLANTATION FI	33324		26		
				三号		
(b				;		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>'ess</u> :	12		
	NEW Registered Office Address:					
	1000 Brickell Ave., Suite 720					
	Miami	33131				
the cl agent was/v	Imited liability company is not organized under the landage or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of the organization or the operating agreement of the	I the regist ability con of the limit	ered office and the topany, it is hereby contains the distribution of the properties of the company of the company of the contains the	ousiness office of the registered on firmed that the change(s)		
+-		AND	REA CUNILL			
Sign	nature of a member or authorized representative of a member		Printed or	typed name of signee		
provi the oi to me	why accept the appointment as registered agent and agrees ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect, a change in the registered office address. It do not writing of this change.	ree to act i performal d for in Ci hereby coi	n this capacity. I fu nce of my duties, an napter 605, F.S. Or, firm that the limited	orther agree to comply with the d I am familiar with and accept, if this document is being filed I hability company has been		
Signa	tire of Registered Apont					
	Division of Corporations • P.O. I	Box 6327€	Tallahassee, FL 3	2314		

FILING FEE: S25.00