

L17000015643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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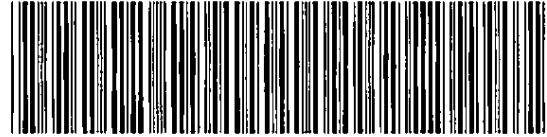
(Business Entity Name)

(Document Number)

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2017 AUG 24 AM 8:45  
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2017 AUG 24 AM 12:07  
J. HARRIS

AUG 28 2017  
J. HARRIS

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE: 08-24-17**

**NAME: JOKER INVESTMENTS, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2017

FLORIDA FILING & SEARCH SERVICES  
ABBIE HODGE

SUBJECT: JOKER INVESTMENTS, LLC  
Ref. Number: L17000015643

FILED  
2017 AUG 24 AM 8:45  
TALLAHASSEE, FLORIDA

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

The registered agent must sign accepting the designation.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 017A00017526

Please keep original  
file date.  
Thanks!

FILED  
2017 AUG 25 PM 1:00  
TALLAHASSEE, FLORIDA

**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: JOKER INVESTMENTS, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i> <u>3095 Equestrian Dr</u> <u>Boca Raton FL 33434</u>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i> <u>3095 Equestrian Dr</u> <u>Boca Raton FL 33434</u>
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3. <u>01/19/2017</u> Date of filing/registration in Florida	4. <u>L17000015643</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

YALCIN, TIMUCIN  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
401 W ATLANTIC AVENUE., 0-11  
DELRAY BEACH, FL 33444

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Florida Filing & Search Services, Inc.  
NEW Registered Office Address:  
155 Office Plaza Drive, Suite A  
Tallahassee, FL 32301

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]  
Signature of a member or authorized representative of a member

EMRE YILDIRIM  
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.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314