

(R	equestor's Name)	
(A	ddress)	
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(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	susiness Entity Name)	
(D	ocument Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	JEJSETPKATESALDE ECT:	Tctset	Miami	VI LLC
		e of Limited Liab	oility Company	\ <u></u>
Dear S	ir or Madam;			
The en	closed Registered Agent/Registered Offic	ee Change and fe	e(s) are submitted	l for filing,
Please	return all correspondence concerning this	s matter to the fol	llowing:	
MICH	IAEL SCHWARTZ			
	Name of Person			
Jewe	tt, Schwartz & Associates			
	Firm/Company			
200 \$	S. Park Road Suite 150			
	Address			
Holly	wood, Florida 33021			
ARYA	City/State and Zip Code N@JETSETMIAMI.COM			
E-	mail address: (to be used for future annu-	al report notifical	tion)	
For furt	her information concerning this matter, p	lease call:		
Aryan	Rashed	510	912-7943	
	Name of Person	_ at () vrea Code & Dayt	ime Telephone Numbe
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisi P.O. B	LING ADDRESS ration Section on of Corporation Box 6327 assee, Florida 323	us
	Enclosed is a check for the following a	mount:		
	■ \$25 Filing Fee	□ \$55 I·	filing Fee & Certi	fied 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.

I. N	lame of the limited liability company:	JETSETPILA	FAES XXLD	£ 6	Tetset	Mi	ami	VI,	LL
2. (a)			(b)		<u>-</u>				
,	Principal office address of limited li	ability company: ADDRESS)	(0)_		Mailing address (Note: MAY	of limited	d liability T OFFIC	compan	y:
	14857 S DIXIE HIGHWAY		14	4857 S	DIXIE HIG	HWA	· ·		
	Miami FL 33176	-		liami F	L 33176			·	
	06/09/2017		L1	70001	26766				
3.	Date of filing/registration in	Florida	- 4.		Document no	umber			
5. (a)									
J. (4)	Registered Agent and Registered Office show	wn on the records of	the Florida Dep	pt. of Stat	e:				
	Registered Office Address (MUST BE F.	LORIDA STREET	ADDRESS)		-				
	1001 BRICKELL BAY DRIVE								
	MIAMI	. FL	33131		•		AT OBS	2019	
(b)	Enter name of NEW Registered Agent and/o				-		RE TARY	2019 MAY 20	
	MICHAEL SCHWARTZ						SEC.	AM 10: 29	
	NEW Registered Office Address:	<u> </u>			•		72	1 ~	
	200 S. Park Road Suite 150				_		LII.	9	
	HOLLYWOOD	, FL`	33021						
the cha agent w was/we the arti- Signat I hereb provision the oblive on mere notifica	imited liability company is not organization or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote of cles of organization or the operating a surre of a member or authorized representative of a waccept the appointment as registered on the properties of all statutes relative to the properties of my position as registered of the writing of this change.	zed under the law street address of lorida limited lia of the members of greement of the l	the registere bility compa f the limited limited liabil	ed office any, it is liability lity com	and the busing the short of the	ness offi rmed th as other	at the cirwise pr	te regis hange() ovided	tered s) in