<u>117000</u> 149948

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only

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2020 JULIST AM 9: 15

C. GOLDEN
FEB - 5 2020

COVER LETTER

TO: Registration Section Division of Corporations							
Jupiter 9821, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	Thange and fee(s) are submitted for filing.						
Please return all correspondence concerning this ma	atter to the following:						
Robert G. Breier							
Name of Person							
Breier and Seif, P.A.							
Firm/Company							
18851 NE 29th Avenue, Suite 405							
Address							
Aventura, FL 33180							
City/State and Zip Code							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, plea	ase call:						
Maria L. Williamson	305 935-0507						
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 am	ount:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)							

Day /ay/av



January 16, 2020

ROBERT G. BREIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: JUPITER 9821, LLC Ref. Number: L17000149968

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete the entire form.

The entity's date of incorporation/organization must be listed in the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 120A00001204

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. N	ame of the limited liability company: Jupiter 9821,	LLC			·	
2. (a))			
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	ited liability company: OST OFFICE BON	
	18851 NE 29th Avenue, Suite 405		18851 NE	29th Avenue	, Suite 405	
	Aventura, FL 33180	_	Aventura, FL 33180			
	07/12/2017	L17000149968				
3.	Date of filing/registration in Florida	4.	1	Document numbe	er	
5. (a	Registered Agent and Registered Office shown on the records of Robert G. Breier Registered Office Address **Registered Office Address** **AUST BE FLORIDA STREET**	the Florida	Dept, of State:	Coral Gable	es,.FL 33134	
	, FI	·			797E J.*** 3 I	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	LOffice ad	dress		<u>3</u>	
	Enter name of Servi Registered Agent and/or Servi Registered	J CHIEC au	<u>01(3)</u> .			
	Robert G. Breier				ارب	
	NEW Registered Office Address:				ъ	
	18851 NE 29th Avenue, Suite 405					
	Aventura	33180				
the chagent was/v the ar Sign I her provi the of to me	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lyere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member eby accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete objections of my position as registered agent as providerely reflect a change in the registered office address. I get in priviting of his change.	f the reginability confitted in the limited	stered office ompany, it is nited liability liability comp	and the business hereby confirme company or as coany. Printed or typed name city. I further as	office of the registered d that the change(s) otherwise provided in the of signer	