

218000017091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

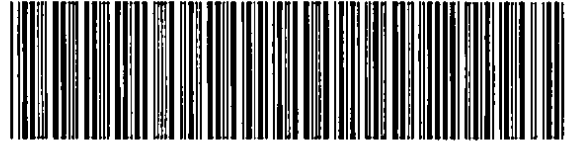
(Business Entity Name)

(Document Number)

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D. BRUCE
DEC 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2018

CARLOS ALBERTO ACOSTA HAZZI
3227 BIRD AVENUE
MIAMI, FL 33133

SUBJECT: JADE SIGNATURE 3001 LLC
Ref. Number: L18000017091

We have received your document for JADE SIGNATURE 3001 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 818A00024607

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-01-2019 BY 60322

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JADE SIGNATURE 3001 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:

CARLOS ALBERTO ACOSTA HAZZI

Name of Person

Firm/Company

3227 BIRD AVENUE

Address

MIAMI FL 33133

City/State and Zip Code

cristina.guevara@studiof.com.co

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

For further information concerning this matter, please call:

FRANCEDIT JIMENEZ MARIN

at (+57) 311 6352311

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

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0112 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: JADE SIGNATURE 3001 LLC

2. (a) 7789 SW 102 nd Ln (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Miami Florida 33156

01-19-2018

L18000017091

3. Date of filing/registration in Florida

4. Document number

5. (a) Acosta Hazzi, Carlos Alberto

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7789 SW 102nd Ln

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33156

(b) CARLOS ALBERTO ACOSTA HAZZI

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

NEW Registered Office Address:

3227 Bird Avenue

Miami, FL 33133

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 of a member or authorized representative of a member

CARLOS ALBERTO ACOSTA HAZZI

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 of Registered Agent

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

FILING FEE: \$25.00

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2010 DEC -3 PM 1:29
TALLAHASSEE, FLORIDA