10/8/2019 **Division of Corporations** tate **fotáti**on Jõ Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H19000299642 3))) HI 90002996423ABC9 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. - 100 GI n To: Division of Corporations Fax Number : (850)617-6383 င From: Account Name : COMITER & SINGER, LLP Account Number : I2000000085 Phone : (561)626-4742 လု Fax Number : (561)626-4742 < **n** ÷ c_{2} **Enter the email address for this business entity to be used for future C.... annual report mailings. Enter only one email address please.** Email Address: Mfrid OCOMitersinger co LLC REGISTERED AGENT CHANGE eléd JL61 INVESTMENTS, LLC

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COVER LETTER

.

TO: Registration Section Division of Corporations

JL61 investments, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew R. Comiter, Esq.

Name of Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3801 PGA Blvd., Suite 604

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

mfrid@comitersinger.com

.

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

For further information concerning this matter, please call:

| Andrew R. Comiter | 561 626-2101 |
|---|---|
| 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 | g amount: |
| ☑ \$25 Filing Fee | \$55 Filing Fee & Certifled Copy |
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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.

| 2. (a) | 208 SE 9th Street | (| (b) 208 SE 9th Street | |
|-----------------|---|---|--|--------------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Ft. Lauderdale, FL 33316 | | Ft. Lauderdale, FL 33316 | |
| | | | | |
| | 04/24/2018 | | L18000103025 | |
| (a) | Date of filing/registration in Florida Littky, Joseph H | <u> </u> | Document number | <u> </u> |
| | Registered Agent and Registered Office shown on the records o 515 N. Flagler Drive | f the Florid | ida Dept. of State: | |
| | Registered Office Address (MUST BE FLORIDA STREET Suite 1700 | ADDRES | 2019 OC 7 - 0 | |
| | West Palm Beach | L 33401 | 1 1 | |
| (b) | Comiter, Andrew R. | | | - ; |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office ad | address: | . د ر |
| | 3801 PGA Boulevard | | | |
| | NEW Registered Office Address: | i | | |
| | Suite 604 | <u></u> - | | |
| | Palm Beach Gardens | 33410 | 2 | |
| ent wi s/wen | nited liability company is not organized under the lay ge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited his e authorized by an affirmative vote of the members of les of organization of the operating agreement of the | ability co of the limi limited li | instered office and the business office of the register company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company. | ed |
| ignator | re of a member or authorized representative of a member | Sab | ibrina Visram | |
| | accept the appointment as registered agent and agr ns of all statules relative to the proper and complete gations of my position as registered agent as provided y reflect a change in the registered office address, 1) in writing of this change. | ree to act performa d for in C hereby co | Printed or typed name of signce et in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been | e pt d |

Signature of Registered Ageni

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00

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