

# W18000137004

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC REGISTERED AGENT CHANGE JPIH PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE

JAN 11 2019

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JPIH Properties 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:

Sydney Porter

Name of Person

JPIH Properties LLC

Firm/Company

7901 4th St N STE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

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

For further information concerning this matter, please call:

Sydney Porter at ( 307 ) 200-2803

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

2019 JAN 10 AM 11:13

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

ED

**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: JPIH Properties LLC

2. (a) 14 TYLER RD (b) 14 TYLER RD

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SMITHTOWN, NY 11787

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

SMITHTOWN, NY 11787

06/01/2018

Date of filing/registration in Florida

L18000137004

Document number

5. (a) FINKBEINER, CHET

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

4519 SE 16TH PLACE UNIT 109

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CAPE CORAL, FL 33904

(b) Registered Agents Inc.

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

7901 4th St N

NEW Registered Office Address

STE 300

St. Petersburg, FL 33702

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.

Todd Borke

Signature of a member or authorized representative of a member

Todd Borke - Manager

Printed or typed name of signee

*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.*

Bill Havre

Bill Havre - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**