

618000162618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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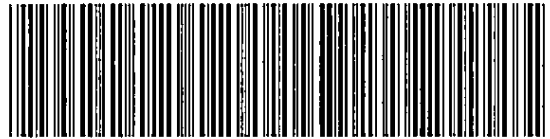
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JK Healthcare Products

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:

GARY MASS

Name of Person

JK Healthcare Products, LLC

Firm/Company

2100 PGA Blvd. Unit #336

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

gsm798@gmail.com

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

For further information concerning this matter, please call:

GARY MASS

Name of Person

at (561) 289-0044

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: JK Healthcare Products

2. (a) 2100 PGA Blvd. (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Unit 336  
Palm Beach Gardens, FL 33418 STATE

3. 7-5-2018 Date of filing/registration in Florida 4. L18000162618 Document number

5. (a) United States Corporation Agents Inc

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

5575 So. Semoran Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 36  
Orlando, FL 32822

(b) GARY MASS

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

2100 PGA Blvd. Unit 336

**NEW** Registered Office Address:

Palm Beach Gardens  
FL 33418

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.

Gary Mass  
Signature of a member or authorized representative of a member

GARY MASS  
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.

Gary Mass  
Signature of Registered Agent