

L 18000 180385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

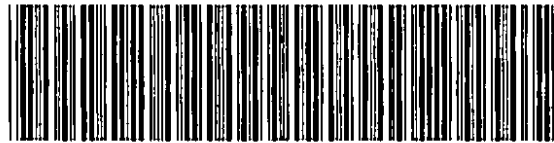
(Business Entity Name)

(Document Number)

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AND
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2019 MAR 25 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
4/03/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOLI INVESTMENTS 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:

JOSE A FERNANDEZ

Name of Person

JOLI INVESTMENTS LLC

Firm/Company

3145 NE 184TH STREE APT 5204

Address

NORTH MIAMI FL 33160

City/State and Zip Code

ARTFILMMIAMI@YAHOO.COM

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

For further information concerning this matter, please call:

JOSE A. FERNANDEZ

at (305) 4690984

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

INHS18 (2/14)

CHECK # 102.

APPROVED
AND
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2019 MAR 25 PM 3:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

**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: JOLI INVESTMENTS LLC
2. (a) 3145 NE184TH STREET
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
APT.5204
NORTH MIAMI BEACH, FL , 33160
- (b) 3145 NE184TH STREET
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
APT.5204
NORTH MIAMI BEACH, FL , 33160
3. 03/20/2019 Date of filing/registration in Florida
4. L18000180385 Document number
5. (a) COHEN PESSOA LAW GROUP , PLLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
14361 COMMERCE WAY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 307
MIAMI LAKES FL 33016
- (b) JOSE A. FERNANDEZ
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
3145NE 184TH STREE APT 5204
NEW Registered Office Address:
APT. 5204
NORTH MIAMI BEACH FL 33160

APPROVED
AND
FILED
2019 MAR 25 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

JOSE A. FERNANDEZ
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.

Signature of Registered Agent

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