

418000202839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

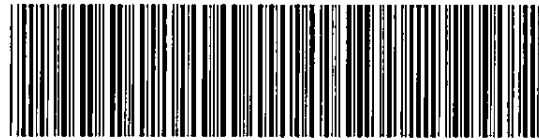
(Business Entity Name)

(Document Number)

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03/27/24 11:05 AM  
FILED

03/27/24  
G. HUNT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J/CAM Property Management Consultants, 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:

Helen Borges

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1535 Eucalyptus Way

\_\_\_\_\_  
Address

Davenport, Florida 33837

\_\_\_\_\_  
City/State and Zip Code

helenb\_2009@yahoo.com

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

For further information concerning this matter, please call:

Helen Borges

786 344-4673  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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: JCAM Property Management Consultants, LLC
2. (a) 7915 SW 17 Terrace, Miami, FL 33155 ~~ENTER BELOW~~ 1535 Eucalyptus Way,  
Principal office address of limited liability company: (b) DAVENPORT, FL 33837  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- New Mailing Address → 215 VALENCIA AVE #144794  
CORAL GABLES, FL 33114

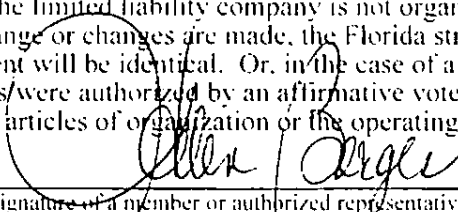
3. 08/23/2018 Date of filing/registration in Florida 4. L18000202839 Document number

5. (a) NONE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

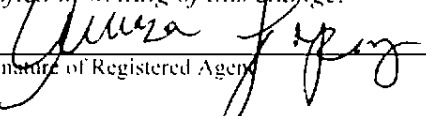
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

- (b) Aviana H. Lopez  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
3240 Mary Street  
NEW Registered Office Address:  
Apt S-205  
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  
Helen Borges 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