L18000248903

(Requestor's Name)
(Acidress)
(Address)
(City/State/Zip/Phone #)
PCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





700366150717

05/12/21--01019--010 **55.00

ESSIE FLE

2021 MAY 1.2 PH 12: 39

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

1.

2.

3.

5.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/12/21 Glinda XX **CERTIFIED COPY PHOTOCOPY CUS** XX FILING STATEMENT OF AUTHORITY JEN Florida 32, LLC (CORPORATE NAME AND DOCUMENT #) **SPECIAL INSTRUCTIONS:**

COVER LETTER

TO: Registration Section Division of Corporations	
JEN Florida 32, LLC SUBJECT:	
Name of Limited Li	ability Company
Dear Sir or Madam:	
The enclosed Amendment or Cancellation of Statement of A	authority and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Kristy Horan	
Name of Person	
Godbold, Downing, Bill & Rentz, P.A.	
Firm/Company	
222 W. Comstock Avenue, Suite 101	
Address	
Winter Park, Florida 32789	
City/State and Zip Code	
rjerman@sunterracommunities.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call:	
Kristy Horan 4	07 647-4418
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following: FIRST: The name of the limited liability company is: JEN Florida 32, LLC						
SECON	D: The Florida Document number of the limited liability company is: 18000248903					
THIRD:	The street address of the limited liability company's principal office is: 1750 W. Broadway, Suite 111					
	Oviedo. FL 32765	-				
	The mailing address of the limited liability company's principal office is: 1750 W. Broadway, Suite 111	_				
	Oviedo, FL 32765	-				
FOURTH: The date the statement of authority became effective is: October 24, 2018 FIFTH: The statement of authority is cancelled.		_				
OR						
	The amendment to the statement of authority is To give authority to act on behalf of the Company to Richard A. Jerman and/or		2 AH IO: 30			
	John Kraynick and/or Matt O'Brien, each in their capacity as Vice President.	- F): 36	4		
<	Ethan Leibowitz, VP					
Signature	of authorized representative Typed or printed name of	of signat	ure			

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)