## 1900 135276

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

Office Use Only



300333352303

BUILT DE BURE OF PRODUC

2019 AUG 29 PM 3: 19 SECTION AND SEPT. FI

7

SEP 1 0 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: JSK LAKE LAND 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:			
PRITI DAVE  Name of Person			
JSK LAKELAND LLC			
Firm/Company			
6422 HIGHLANDS DAK TRL			
Address			
LAKELAND FL 33813  City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
PRITI DAVE at (863) 286 - 9444  Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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 o,

une of the limited liability company: TSK LAKELA	ND LLC
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  2867 Vintage View Loop 2	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)  867 Vintage View Lake land A 3381
Date of filing/registration in Florida  United States Corporation  Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  13302 Winding Oak Court A  Tampa ,FL 33612	c 36
Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:	2019 AUG 29 PM SECTIALLAHASSEE
2867 Vintrye View LOOP  Lakeland FL 33812	in the second
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  2867 Nintry e view Loof  Lake Land FL 33812  Date of filing/registration in Florida  United States Corporation  Registered Agent and Registered Office shown on the records of the Florida Dept. of States  Registered Office Address  13302 Winding Oak Court A  Tampa .FL 33612  Paiti DAVe  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:

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.

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