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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer				
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SECRETARY OF STATE
TALLAHASSEF

JQ 09/25/20

COVER LETTER

TO:	Registration Section Division of Corporations	•						
SUBJE	ECT: JKG Investors LLC							
Name of Limited Liability Company								
Dear S	ir or Madam:							
The en	closed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.						
Please	return all correspondence concerni	ng this matter to the following:						
	Sohn Gareia Name of Person							
	JK6 lavestor LL Firm/Company	<u>C</u>						
	1317 Edgewater Dr, #1941							
	Address							
(Orlando, FL 32804							
	City/State and Zip C	ode						
E	E-mail address: (to be used for future	re annual report notification)						
For fu	ther information concerning this n	natter, please call:						
	John Garcia	at (407) 7584569						
	Name of Person	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the follo	owing 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

L. Na	me of the limited liability company: J k 6	Inv	estors	- 110				
	13/7 Edge water Dr Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)_	Ma	Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Suite 1941		# 19	41				
	Orlando Fl 32804		Orlan	do F1	3280	<u>' </u>		
	04/10/2020		L190	00.00	7681			
3.	Date of filing/registration in Florida	4.	Ü	ocument nun	iber			
5. (a)	Registered Agent and Registered Office shown on the records of the 5237 SUMMEY IN COMM Registered Office Address (MUST BE FLORIDA STREET ADDITIONAL ADDITI	015 DDRESS) 33	907		SECRETARY OF STATE TALLAHASSEE, FL	2020 AUG -4 AM 10: 24		
	Orlando .FL	32804						
Signal I here of the obtained to motified	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and interest and affirmative vote of the members of cles of organization or the operating agreement of the lawing the amender of a member of a member of a member of a member of all statutes relative to the proper and complete prigations of my position as registered agent as provided all statutes in the registered office address. The law reflect a change in the registered office address, I have to the proper and complete prigations of this change.	s of the Si the registe bility com the limite imited lial re to act in performan	red office a pany, it is b ed liability o bility comp \[\int O \lambda n \] I this capac ce of my du apter 605,	and the busine nereby confirm company or as any. Korrell Confirm Conf	ess office of med that the s otherwise Cia name of signee agree to con a familiar with document	the reg chang provid mply w ith and is bein	gistered se(s) led in with the l accept ng filed	