## L19 000228001

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Äd	dress)	
(///	(a) (33)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	<del></del>	<u> </u>
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

A Committee of the Comm

INHS18 (2/14)

	gistration Section vision of Corporations	•	•
SUBJECT	Double J Miami LLC		
	N	ame of Limited Liah	pility Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered C	Office Change and fe	e(s) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to the fol	lowing:
Jonathan Ky	wan		
	Name of Person		•
Double J Mi	iami LLC		
	Firm/Company		•
4701 N Mer	ridian Avenue Unit:312		
	Address		•
Miami Beac	h, FL 33140		
	City/State and Zip Code	:	-
jkwan@butt	termilkpm.com		
E-ma	il address: (to be used for future a	nnual report notifica	tion)
For further	information concerning this matte	er, please call:	
Jonathan Kv	van	646 at (	752-(X)73
	Name of Person		Area Code & Daytime Telephone Number
	ailing Address: gistration Section		Street Address:
	vision of Corporations		Registration Section Division of Corporations
	D. Box 6327		The Centre of Tallahassee
Tal	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following	ig amount:	
<u> </u>	\$25 Filing Fee	.,	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.

2. (a)			(b)				<u>.</u>		
2. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing addr	ess of	f limited liabili E POST OFF	ty compai	ny:
	4701 N Meridian Avenue Unit:312			4701 N	Meridian Ave	nue	Unit:312		
	Miami Beach, FL 33140			Miami I	Beach, FL 331	40			
	09/09/2019		L	.1900022	28001				
3.	Date of filing/registration in Florida	<del>-</del> 4.	_		Documen	t nun	nber		
5. (a)									
. (,	Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.	of the Flor	ida I	Dept. of S	tate:				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	:55)		·· <del></del>		3.4.	2020	
	155 OFFICE PLAZA DR., SUITE A						(12) 100 100 100 100 100 100 100 100 100 10	O SEP	ر بود. د و بود. د و بود. د
	TALLAHASSEE, F	L_32301			<del></del>		200 A		is maring to make fi
							NASSE	2 <b>≥=</b>	-
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office	addi	rocu:			iu ∿	) ==	
	The state of the s	ed Office	auu	<u>. (55</u> .			7	Ţ	
	Jonathan Kwan						: •	10	
	NEW Registered Office Address:				<del>-</del>				
	4701 N Meridian Avenue Unit:312		_						
	Miami Beach	33140			_ <del>_</del>				
	Miami Beach, F	L. 33140		<del></del>	<del></del>				
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe liability of of the li	ered con imit	office a ipany, it ed liabil	and the busin t is hereby co lity company	ess c	office of the ned that the	register	ed (s)
Signo	ture of a member or authorized representative of a member			JOI	VATHAN		KWAN name of signer		
I here provisi the obl to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to a e perfori ed for in ' hereby	ict ii man i Ch con	n this ca ice of m apter 60 firm tha		 			th the accept filed een