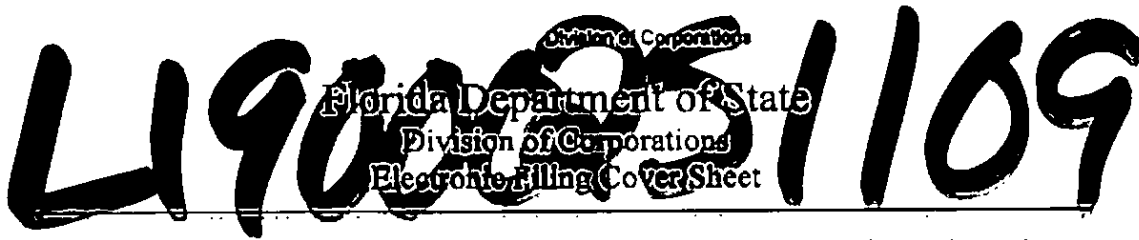


10/23/2019



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: juanc.olamendy@nubisera.com

### LLC REGISTERED AGENT CHANGE JJ SYSTEMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 OCT 23 PM 3:23

FALL WASH STATE

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T. LEMISUX

OCT 24 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JJ SYSTEMS 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:

JUAN CARLOS OLAMENDY

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

JJ SYSTEMS LLC

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

4233 W HILLSBORO BLVD #970700

\_\_\_\_\_  
Address

COCONUT CREEK, FL 33073

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

juanc.olamendy@nubisera.com

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

For further information concerning this matter, please call:

URS Agents ATTN Kanetha Bishop at ( 800 ) 567-4397

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: JJ SYSTEMS LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
4233 W HILLSBORO BLVD #970700  
COCONUT CREEK, FL 33073  
10/07/2019
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
4233 W HILLSBORO BLVD #970700  
COCONUT CREEK, FL 33073  
L19000251109
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
JUAN VIAMONTE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
6700 CYPRESS RD 507  
PLANTATION, FL 33317

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
URS AGENTS, LLC  
NEW Registered Office Address:  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

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

Juan Carlos Olamendy

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 Kanethe Bishop, Asst. Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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2019 OCT 23 AM 44  
TALLAHASSEE, FLORIDA