

L19000303425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

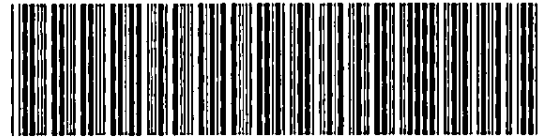
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2021

JONATHAN SPEIER
419 NE 13TH AVE.
FT. LAUDERDALE, FL 33301

SUBJECT: JSS MANAGEMENT, LLC
Ref. Number: L19000303425

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 721A00001601

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSS MANAGEMENT, 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:

JONATHAN SPEIER
Name of Person

JSS MANAGEMENT, LLC
Firm/Company

419 NE 13th Avenue
Address

FORT LAUDERDALE, FL 33301
City/State and Zip Code

JSSMGMTFLA@EMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN SPEIER at (914) 671-4643
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: JSS MANAGEMENT, LLC

2. (a) 419 NE 13th Avenue (b) 419 NE 13th Avenue

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

FORT LAUDERDALE, FL 33301

FORT LAUDERDALE, FL 33301

3. 12/12/2019
Date of filing/registration in Florida

4. L19000303425
Document number

5. (a) JONATHAN SPEIER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

801 SOUTH OLIVE AVENUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

APT # 724
WEST PALM BEACH, FL 33401

(b) JONATHAN SPEIER
Enter name of NEW Registered Agent and/or NEW Registered Office address:

419 NE 13th Avenue
NEW Registered Office Address:

FORT LAUDERDALE, FL 33301

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]
Signature of a member or authorized representative of a member

JONATHAN SPEIER
Printed or typed name of signer

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]
Signature of Registered Agent

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TALLAHASSEE, FLORIDA