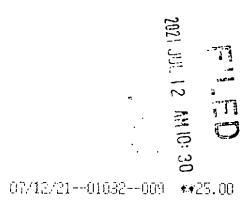
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JUL 13 2021 ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

J2L2 PROPERTIES,	LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сеп. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Ū		Vehicle Search
		Driving Record
Requested by: SETH	07/12/21	UCC 1 or 3 File
Name	Date Time	UCC !! Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

	egistration Section vivision of Corporations		
SUBJEC	J2L2 Properties, LLC		
	, , , , , , , , , , , , , , , , , , ,	lame of Limited Li	ability Company
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.
Please ret	um all correspondence concerning	this matter to the f	following:
Lars A. La	etonoff	•	
	Name of Person		_
J2L2 Prop	erties, LLC		
	Firm/Company		_
1537 Mair	n Street		
	Address	-	
Safety Ha	rbor, FL 34695		
	City/State and Zip Code	e	
lletonoff@	Paol.com		
E-m	ail address: (to be used for future a	annual report notifi	cation)
For furthe	er information concerning this matt	er, please call:	
Lars A. La	etonoff	727 at (687-1239
	Name of Person		Area Code & Daytime Telephone Number
R D P	failing Address: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	nclosed is a check for the followi	ng amount:	
-	. \$25 Filing Fee	\$5	5 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.

	e of the limited liability company: 12L2 Properties,				
a)	PL2 Properties, LLC	(1	(b) J2L2 Properties, LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
_	1537 Main Street		-	1537 Main Street	
;	Safety Harbor, FL 34695		-	Safety Harbor, FL 34695	
ϵ	5/17/2021		I	L21000281207	
_	Date of filing/registration in Florida	4.	_	Document number	
(a)	Janice P. Letonoff				
. ره ا	Registered Agent and Registered Office shown on the records of	the Florid	a C	1 Dept. of State:	
	J2L2 Properties, LLC				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>	<u> </u>	
	1537 Main Street			2021 JUL 12	
	Safety Harbor	34695			
	, 1 L	' 			
b) [Lars A. Letonoff			AH 10.	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ddı	ldress:	
				30	
			_		
	NEW Registered Office Address:				
					
	, FI			·	
h = 1::	mited liability company is not organized under the la	us of the	۶ م	State of Florida, it is hereby confirmed that offer	
nge	or changes are made, the Florida street address of the	register	red	ed office and the business office of the registered	
nt w	(ii) be identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members of the members.	ability co	on mir	ompany, it is hereby confirmed that the change(s)	
	cles of organization or the operating agreement of the				
		La	rs	rs A. Letonoff	
ignati	ure of a member of authorized representative of a member			Printed or typed name of signee	
ovisio obli mere	ny accept the appointment as registered agent and agions of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address. I	pertorn.	101	iance of my duties, and I am familiar with and acc	
lified	I'in writing of this change.				
	e of Registered Agent				