## 121000355079

(Requestor's Name)									
(Address)									
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(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(=====, · · · · · · · · · · · · · · · · ·									
(Document Number)									
Certified Copies Certificates of Status									
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SECRETARY OF STATE

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## COVER LETTER

TO:		stration Section sion of Corporations				
SUBJI	ECT:	JFG121 INVESTORS LLC				
		N	ame of Limited Lia	ability Company		
Dear S	Sir or N	Madam:				
The en	iclosec	l Registered Agent/Registered C	office Change and f	ee(s) are submitted for filing.		
Please	return	all correspondence concerning	this matter to the fe	ollowing:		
LEXIE	ERIVE	RS				
		Name of Person		_		
PRIMI	E COR	PORATE SERVICES				
		Firm/Company		_		
5250 S	СОМ	MERCE DR STE 200				
		Address		_		
MURR	RAY, U	TT 84107				
		City/State and Zip Code		_		
galindo	ofranci	sco121@gmail.com				
13	E-mail	address: (to be used for future a	nnual report notific	cation)		
For fur	rther ir	nformation concerning this matte	er, please call:			
LEXIE	ERIVE	RS	855 at (	577-4639		
		Name of Person		Area Code & Daytime Telephone Number		
	Mai	ling Address:		Street Address:		
		istration Section		Registration Section		
		sion of Corporations		Division of Corporations		
		Box 6327		The Centre of Tallahassee		
	Talla	ahassee, F1, 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Encl	osed is a check for the following	ng amount:			
	■ \$25 Filing Fee			☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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. Na	ame of the limited liability company:  JFG121 INVE	STORS I	.L.C				
? (a)			(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(9),		Mailing address	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1243 N REDLAND RD		1243 N REDLAND RD				
	FLORIDA CITY, FL 33034			FLORIDA CITY, FL 33034			
	08/06/2021		L	21000355	5079		
3.	Date of filing/registration in Florida	4.		<u></u>	Document nu	umber	
5 (n)							
5. (a)	Registered Agent and Registered Office shown on the records	of the Flo	rida D	ept. of Sta	— ite:		
	REGISTERED AGENTS INC						
	Registered Office Address (MUST BE FLORIDA STREE	TADDRI	ESS)		-		
	7901 4TH STREET NORTH STE 300		******			202 St	
	ST PETERSBURG	3370;	<u></u>		_	SECRETARY OF STATE	
	<del></del>	l. l			_	至万万	
(b)							
()	Enter name of NEW Registered Agent and/or NEW Register			ess:		SEP -	
	JUAN FRANCISCO GALINDO URBINA					7: 46 E. TATE	
	NEW Registered Office Address:					3 . 1	
	1243 N REDLAND RD	·			_		
	FLORIDA CITY	FL_33034	ļ		_		
change igent vas/we he arti signal linerelorovisi he obloomero	imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the following and the of a member wanthorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and completing of my position as registered agent as provided reflect a change in the registered office address. It is writing of this change.	he regist liability s of the l he limite 	ered com limite d lial UAN	office ar pany, it i ed liability bility cor FRANCI	nd the business is hereby confi ty company or mpany. ISCO GALIND Printed or type pacity. I furthe	s office of the registered irmed that the change(s) as otherwise provided in O URBINA and name of signee	