111000005632

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100259801361

05/05/14--01005--013 **25.00

LLC PAChang S-19-14

COVER LETTER

10: Registration Section Division of Corporations					
SUBJECT:	T: JAHN651BC, LLC				
Name of Limited Liability Company					
Dear Sir or l	Madam:				
The enclosed	d Registered Agent/Registered Of	ffice Char	nge and f	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:					
Myra Sim	mons				
iviyia oiiii	Name of Person			_	
Capitol Corporate Services, Inc. (Registered Agent Dept.)					
-	Firm/Company	_			
800 Brazos Ste 400					
	Address				
Austin TX 78701					
	City/State and Zip Code				
E-mail	address: (to be used for future ar	inual repo	ort notifie	cation) ,	
	·	-		,	
For further i	nformation concerning this matte	r, please	call:		
N 0:			000	045 4047	
Myra Sim	Mame of Person	at (_	800	345-4647 Area Code & Daytime Telephone Number	
	Name of Ferson			Area Code & Daytime Telephone Number	
	REET/COURIER ADDRESS:			ILING ADDRESS:	
_	Registration Section Registration Section				
	ision of Corporations			ision of Corporations	
	ton Building		P.O. Box 6327 · Tallahassee, Florida 32314		
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
s minimuovy, i 1011mm vavvi					
Enclosed is a check for the following 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 JAHN651BC, LLC 1. Name of the Limited Liability Company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 2601 South Bayshore Dr., Ste. 630 Miami, FL 33133 11/8/2011 M11000005632 3. Date of filing/registration in Florida Document number 5. (a) NRAI Services, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation (b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 155 Office Plaza Dr Ste A NEW Registered Office Address: FL 32301 Tallahassee 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 pperating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 jamiliar 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 Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

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