## M11000005633

•								
(Requestor's Name)								
(Address)								
(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



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PAChange

5-19-14

## **COVER LETTER**

	gistration Section vision of Corporations						
SUBJECT	; JAHN661BC, LLC						
		e of Lir	nited Lia	bility Company			
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Off	ice Char	ige and f	ee(s) are submitted for filing.			
Please retur	rn all correspondence concerning th	is matter	to the fo	ollowing:			
Myra Sin				_			
	Name of Person						
Capitol C	Corporate Services, Inc. (Reg	gistere	d Agen	t Dept.)			
	Firm/Company						
800 Braz	zos Ste 400			_			
	Address	•					
Austin T	X 78701						
7 tabili 12	City/State and Zip Code			_			
E-ma	il address: (to be used for future ann	ual repo	rt notific	eation)			
For further	information concerning this matter,	please o	all:	•			
Myra Sin	nmons		800	) 345 <b>-</b> 4647			
iviyia Siii	Name of Person	at (_	000_	Area Code & Daytime Telephone Number			
				•			
	REET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section					
	gistration Section vision of Corporations	Division of Corporations					
	fton Building	P.O. Box 6327					
	61 Executive Center Circle	Tallahassee, Florida 32314					
	llahassee, Florida 32301		1 411	andooo, 1 to tota 52517			
En	closed is a check for the following	amoun	t:				
$\boxtimes$	\$25 Filing Fee		\$55	5 Filing Fee & Certified Copy			
INHS18 (2/	14)						

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rursuant to the provisions of sections 603. submits the following statement in order Florida.		to change its re	gistered office	or registered agent, or	both, in the	State o	y If		
l. Na	me of the Limited Liability Company:	JAHN661BC, LLC							
2 (a)			(h)						
±. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  2601 South Bayshore Dr., Ste. 630		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			-		
	Miami, FL 33133						_		
	11/8/2011		<u>M1</u>	1000005633			_		
3.	Date of filing/registration in	Florida	4.	Document number					
5 (a)	NRAI Services, Inc.								
(u)	Registered Agent and Registered Office show	wn on the records of	the Florida Dept.	of State:		A			
	1200 South Pine Island Road	4				<b>*</b>			
Registered Office Address (MUST BE FLORIDA STREET A			ADDRESS)		•	<del></del>			
						1	Ī		
				<del></del>	•	ረጣ	Ť		
	Plantation	, FI	, 33324	-		==	Ţ		
	Canital Company Comings I					Ť.			
(b)	Capitol Corporate Services, Intername of NEW Registered Agent and		Office address:	<del></del>	· .	S.			
	End hand of the state of the st	or <u>Chart Inchanting</u>	STITE AGE TOO.			K3 1			
	155 Office Plaza Dr Ste A								
	NEW Registered Office Address:		<del></del>						
			· · · · · · · · · · · · · · · · · · ·						
	Tallahassee	, FL	, 32301						
the cha agent was/we the arti	imited liability company is not organi inge or changes are made, the Florida vill be identical. Or, in the case of a l ere authorized by an affirmative vote cles of organization or the operating	street address of Florida limited li- of the members of agreement of the	the registered ability compan of the limited l	office and the business of y, it is hereby confirmed to ability company or as other company.   OVER	ffice of the rethat the changerwise provid	gistered (e(s)	<b>i</b>		
-	ture of a member or authorized representative			Printed or typed name					
I herel provisi he obli o mere notified	by accept the appointment as register ons of all statutes relative to the prop igations of my position as registered ely reflect a change in the registered if I in writing of this change.	red agent and ag oer and complete agent as provide office address, I	ree to act in thi performance of d for in Chapte hereby confirm	s capacity. I further agre of my duties, and I am fam er 615, F.S. Or, if this do, that the limited liability o	e to comply williar with and cument is beir company has	vith the daccep ng filed been	ţ		
D' .	Duanu Case			sistant Secretary on					
Signatui	re of Registered Agent	behalf	of Capitol C	orporate Services, Ir	1C.				

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