M13000006998

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
:					





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12/07/15--01016--031 **25.00



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Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE: 12/4/2015 FLORIDA

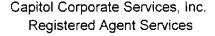
REP UNIT:

JAHN361AG, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #26865 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767





COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: JAHN361AG, 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:						
M. O						
Myra Simmons						
Name of Person						
Capitol Corporate Services, Inc. (Registered Agent Dept.)						
Firm/Company						
PO Box 1831						
Address						
Austin, TX 78767						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
S man describe. (to be about the result and a report notification)						
For further information concerning this matter, please call:						
· ·						
Myra Simmons at (800) 345-4647	_					
Name of Person Area Code & Daytime Telephone Number	er					
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section						
Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314	Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
\$25 Filing Fee						
INHS18 (2/14)						

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

1: No	da. ·	1AG, LLC	d office or registered agent, or both, in the State of (b) 2601 SOUTH BAYSHORE DR, STE. 630		
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	у:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI FL 33133		MIAMI FL 33133		
	11/5/2013		M13000006998		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a) <u>KLASKIN,</u> STUART A				
•	Registered Agent and Registered Office shown on the recon	rds of the Flori	da Dept. of State:		
	2601 SOUTH BAYSHORE DR, STE. 6	330			
	Registered Office Address MUST BE FLORIDA STR	EET ADDRES	<u>SS1</u>	\geq	2015
	MIAMI	FL 3313	23	2> = T	330
	MILAN	~ LF_221		SSE	1
(h)	Capitol Corporate Services, Inc.			E Co	
(-)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office a	ddress:	周の	圣
•				87	Ÿ
	155 Office Plaza Dr Ste A			57	ទ
	NEW Registered Office Address:			A	01
			,		
	Tallahassee	_FL_3230	01		
the chagent was/w	ange or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit	ss of the reg ed liability overs of the lii	e State of Florida, it is hereby confirmed that after istered office and the business office of the registered company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.		
-	sture of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the ob to mer notifie			ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been		
Signati	And the second s	-	e, Assistant Secretary on		

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

behalf of Capitol Corporate Services, Inc.