M14000005445

(Re	equestor's Name)					
(Ad	dress)					
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(Cit	ty/State/Zip/Phone	e #)				
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SECRETARY OF STATE

S Warren

AUG 1 6 2015



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 11, 2016

Order#: 182072-025

Re: JAZWARES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: <u>JAZ</u>	WARES, LLC	>				
2. (a)	1067 Shotgun Road Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)	1067 Shotgun Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Sunrise, FL 33	3326	- ·	Sunrise,	FL 33326		
	07/30/2014		_	M14000			
3.	Date of filing/registration in Flor	ida	4.		Document numb	per	
5. (a)					_		
	Registered Agent and Registered Office shown on t	he records of the	e Florida I	Dept. of Stat	te:		
	1067 Shotgun Road				_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			.1	~ 3		
						2016	-cresports
	Sunrise	, FL	33326		RETARY OF STAI AHASSFE, FLOR	14) 359	er e
(h)	Corporation Service Company				Tro.	LA TT	m
(b) _	Enter name of NEW Registered Agent and/or NEV	W Registered O	ffice add	ess:	- FS	U -	D
	1201 Hays Street				TATE ORIDA	4: 28	, ,
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·			
	Tallahaasaa		00004		-		
	Tallahassee	, FL	32301		_		
the cha agent v was/wo	imited liability company is not organized usinge or changes are made, the Florida street will be identical. Or, in the case of a Florid ere authorized by an affirmative vote of the cles of organization or the operating agrees	t address of the limited liab members of	he registe fility con the limit	ered offic npany, it i ed liabilit	e and the busines s hereby confirm y company or as	s office ed that	of the registered the change(s)
	/s/ Alissa Mann		Alissa	Mann, A	uthorized Person		
_	ture of a member or authorized representative of a m				Printed or typed na		
provisi the obl to mere notified	by accept the appointment as registered ag ons of all statutes relative to the proper an igations of my position as registered agent ely reflect a change in the registered office I in writing of this change.	d complete pe as provided j address, I he	erformai for in Cl reby cor	nce of my napter 605 nfirm that	duties, and I am j 5, F.S. Or, if this the limited liabil	familian docum ity com	r with and accept ent is being filed pany has been
Signatu	re of Registered Agent Corporation Service (Company I	BY: Gra	ice E. Ki	rby, Assistant V	ice Pre	esident

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