



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2017

PABLO LAGO
10788 NW 10 PLACE
CORAL SPRINGS, FL 33071

SUBJECT: JL ACQUISITION GROUP, LLC
Ref. Number: M16000000241

We have received your document for JL ACQUISITION GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 317A00012139

RECEIVED

2017 JUN 26 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN 28 P 4:05

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JL ACQUISITION GROUP, 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:

Pablo Lago

Name of Person

JL ACQUISITION GROUP, LLC

Firm/Company

10788 NW 10 Place

Address

Coral Springs, FL 33071

City/State and Zip Code

pablo.lago@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Talamo, Esq.

at (305)

558.5300

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN 28 P 4: 05

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**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. Name of the limited liability company: JL ACQUISITION GROUP, LLC

2. (a) 10788 NW 10 PL (b) 10788 NW 10 PL

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Coral Springs, FL 33071

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Coral Springs, FL 33071

1/11/2016

M16000000241

3. Date of filing/registration in Florida

4. Document number

5. (a) Pablo Lago

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8004 NW 154 Street, Suite 208

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami Lakes, FL 33016

(b) Same: Pablo Lago

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW: 10788 NW 10 PL

NEW Registered Office Address:

Coral Springs, FL 33071

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 operating agreement of the limited liability company.

Pablo Lago, AMBR/Registered Agent

X [Signature]
Signature of a member or authorized representative of a member

Printed or typed name of signee

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 familiar 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.

X [Signature]
Signature of Registered Agent

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

FILED
2011 JUN 28 P 4:05
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TALLAHASSEE, FLORIDA