

M20000006478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

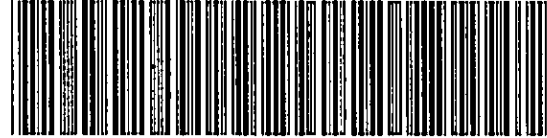
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

6011-



300392778403

09/01/22--01014--005 \*\*25.00

FILED

2022 DEC 27 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FL

11/4/2023



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAZ GROUP, LLC - 845 MOHAWK SERIES

\_\_\_\_\_  
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:

Kenneth A. Piercey

\_\_\_\_\_  
Name of Person

Piercey & Associates, Ltd.

\_\_\_\_\_  
Firm/Company

1525 S. Grove Ave., Site 204

\_\_\_\_\_  
Address

Barrington, IL 60010

\_\_\_\_\_  
City/State and Zip Code

juliazimins@yahoo.com

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

For further information concerning this matter, please call:

Julia Zimins

at ( 847 ) 387-9599

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy





# PIERCEY & ASSOCIATES, LTD.

Estate and Tax Planning ♦ Asset Protection ♦ Real Estate ♦ Elder Law

Kenneth A. Piercey  
Direct Line: (224) 848-4645  
E-Mail: [kenneth@piercevassociates.com](mailto:kenneth@piercevassociates.com)

December 20, 2022

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

RE: JAZ Group, I.I.C – 845 Mohawk Series  
Registered Agent Change

To Whom It May Concern:

Our Florida Registered Agent signed the form were indicated. Enclosed is a Registered Agent/Registered office Change form. Your office currently has the check on file per the enclosed letter dated December 8, 2022.

Please contact our office with any questions.

Sincerely,



Kenneth A. Piercey

KAP:js

PROVIDE ♦ PROTECT ♦ PRESERVE ♦ PREPARE





# PIERCEY & ASSOCIATES, LTD.

Estate and Tax Planning ♦ Asset Protection ♦ Real Estate ♦ Elder Law

Kenneth A. Piercey  
Direct Line: (224) 848-4645  
E-Mail: [kenneth@pierceyassociates.com](mailto:kenneth@pierceyassociates.com)

August 29, 2022

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

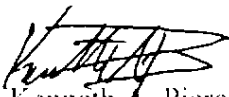
RE: JAZ Group, LLC – 845 Mohawk Series  
Registered Agent Change

To Whom It May Concern:

Enclosed is a Registered Agent/Registered Office Change form and a check in the amount of \$25.00.

Please contact our office with any questions.

Sincerely,

  
Kenneth A. Piercey

KAP:js

PROVIDE ♦ PROTECT ♦ PRESERVE ♦ PREPARE





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 DEC 27 PM 2:14

December 8, 2022

KENNETH A PIERCEY  
1525 S GROVE AVENUE  
SUITE 204  
BARRINGTON, IL 60010

SUBJECT: JAZ GROUP, LLC - 845 MOHAWK SERIES  
Ref. Number: M20000006478

We have received your document for JAZ GROUP, LLC - 845 MOHAWK SERIES and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 022A00027277



**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: JAZ GROUP, LLC - 845 MOHAWK SERIES

2. (a) 149 Paxton Road, Bloomingdale, IL 60108  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 149 Paxton Road, Bloomingdale, IL 60108  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 07/20/2020 Date of filing/registration in Florida  
4. M20000006478 Document number

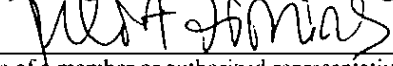
5. (a) SWANN HADLEY STUMO DIETRICH & SPEARS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
200 E NEW ENGLAND AVE STE 300 WINTER PARK, FL 32789

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
  
\_\_\_\_\_, FL \_\_\_\_\_

(b) Emma McCumber  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
14638 Tullamore Loop, Winter Garden, FL 34787  
**NEW** Registered Office Address:  
  
\_\_\_\_\_, FL \_\_\_\_\_

**FILED**  
2022 DEC 27 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

 Signature of a member or authorized representative of a member  
JULIA ZIMINS, 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.

Emma C. McCumber  
Signature of Registered Agent