P12000103454

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:]

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JA Family Gener	al 1 Inc.	
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
J.g.ian		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
	Date Time	- UCC 11 Search
Name	Date HINC	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier



January 24, 2022

CAPITAL CONNECTION

SUBJECT: JA FAMILY LIMITED PARTNERSHIP I

Ref. Number: A12000000987

We have received your document for JA FAMILY LIMITED PARTNERSHIP I and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

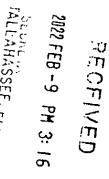
The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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.

Terri J Schroeder Regulatory Specialist III

Letter Number: 022A00001799



COVER LETTER

TO:

TO: Amendment Se Division of Cor	ction porations	
SUBJECT: JA Family G Name of Corporation	eneral 1 Inc.	
DOCUMENT NUMBE	R; P12000103454	······································
The enclosed Statement	of Change of Registered (Office/Agent and fee are submitted for filing.
Please return all correspo	ondence concerning this m	latter to the following:
Sieve Retterath		
Name of Contact Person		
JA Family General Unc.		
Firm Company	·	· · · · · · · · · · · · · · · · · · ·
1360 N.W. 33rd Street		
Address		
Pompano Beach, Florida 3,	3004	
City/State and Zip Code	1964	
	gosally@gmail.com	
E-mail address: (to be u	sed for future annual re-	port notification)
For further information co	neeming this matter, plea	se call:
Steve Retterath		95.1 277 653.0
Vame of (ontact Person	at (95.4) 346-8739 Area Code & Daytime Telephone Number
Enclosed is a \$35,00 chee!		
Mailing Add Amendment Division of P.O. Box 63 Tallahassee.	Corporations 27	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR28/#5/#4/35

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

to Change its registered office	2. 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Florida en registered agent, or both, in the State of Florida.
The name of the corporation: JA Family Gene	eral i Inc.
2. The principal office address: 1360 N.W. 33rd	Street, Pompano Beach, Florida 33064
3. The mailing address (it dies	
4. Date of incorporation/qualification. December	r 21, 2012
The name and street address of the current reg Florida Department of State: (If resigned, enter	gistered agent and registered office on file with the
Allen Lihow	ge,
Toucial Highway	
over ration, Pforida 33431	
(if changed): Steve Remova:	red ageni (if changed) and for registered office of the
1360 N.W. 33rd Stree;	
Pompono Beach, Florida 33064	P.O Bry NOT acceptable
The street address of its registered office and the	street address of the business office of its registerent agent.
Such change was authorized by resolution duly adduthorized by the board, or the corporation has be	dopted by its board of directors or by an officer so cen notified in writing of the change.
Mgmatar of an other material	Steve Retterath, President
i hereby accept the appointment as registered age i farther agree to comply with the provisions of ai of my duties, and I am familiar with and accept th document is being filed merely to reflect a change corporation has been notified in writing of this ch	Printed of typed name and tale ont and agree to act in this capacity. Il statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the ange.
Sign fail of Receivered Assets	FE13/-22
f signing on behalf of an entity:	Dure

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPAREMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (04-13)
