P14000023015

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(Address)	_
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.

JAN 09 2015 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jazzi Special Investments Inc. Name of Corporation
DOCUMENT NUMBER: \$140000 2.3015
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sesan Coffman Name of Contact Person
Jazzi Special Investments Inc.
16087 E. Pinlico
Loxahatchee FL 33470 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Coffman at (Sol) (601-1291 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of in order to change its registered office or re	rganized under th	e laws of the State	of_FL		
1. The name of the corporation: <u>JaZZi</u>	Special	tovestr	nent	5	Inc
2. The principal office address: 16087 Loxavat	E. Pim	ico 7. 334	70 .		
4. Date of incorporation/qualification: 03 12 2	014 Docum	nent number: <u>f</u> 1	40000)23	015
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	igned)				
Kesigned			_	=	IA IS
			_	• DEC	ECRE
				C 30	IAR ASS
6. The name and street address of the new registered (if changed):	agent (if changed	l) and /or registered	office	PH 3:	Y OF ST
<u>iheresa</u> Ede	<u></u>			ဍ	RIC.
13560 Exot	ia la	ine	_ <u>-</u>		
P.O. Box	NOT acceptable	ticl.			
_ wellszer	YU 23'	414	_		
The street address of its registered office and the stras changed will be identical.	reet address of th	e business office o	f its registe	red ager	ıt,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board i notified in writi	of directors or by	an officer s	ю	
Therese Elen Signature of an officer or director			^		- .
		Printed or typed name an	a nne		·
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	t and agree to ac statutes relative i nd accept the obl reflect a change ed in writing of t	t in this capacity. to the proper and c igation of my posit in the registered o his change.	complete ion as regi ffice addre.	stered ss, I	
Thewse Edem Signature of Registered Agent		Z Z - / 4 Date			
If signing on behalf of an entity:					
Typed or Printed Name					
.,	FEE: \$35.00 * *	* *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)