

P14000052258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

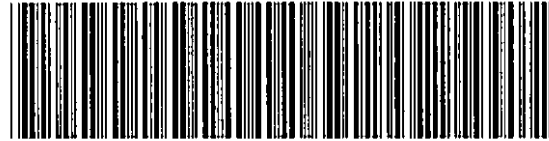
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Juniper ALF, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000052258

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:

Taher Kameli
Name of Contact Person

Firm/Company
901 South Plymouth Ct. #501
Address
Chicago, IL 60605
City/State and Zip Code

taher@kameli.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taher Kameli at (312) 233-1000
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Juniper ALF, Inc.
2. The principal office address: 901 South Plymouth Ct. #501 Chicago, IL 60605
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/16/2014 Document number: P14000052258
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State (Designated, enter resigned)

Deyacco Kameli

8397 Lemon Rd

Ft. Meyers, FL 33967

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chris Fox

28059 US 19 N Suite 205

P.O. Box NOT acceptable

Clearwater, FL 33761

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Taher Kameli President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, for the purpose of complying with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

1/3/23
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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