والأنجد أأحري

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(((H190001219393)))



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LLC REGISTERED AGENT CHANGE **JOLLY 4403 LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H19000121939 3

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

1.	Na	mc of the limited liability company:JOLLY 44	403 l	TC	_				
2.	(a)	16901 COLLINS AVENUE		- (b)	16901	COLLINS A	AVENUE	=	
	(14)	Principal office address of limited liability company: (Nota: MUST BE STREET ADDRESS)		(0)		Mailing address (Note: MAY			
		APT 4403			APT 44	03			
		SUNNY ISLES BEACH, FL 33160			SUNNY	ISLES BE	ACH, FL	. 331	60
		DECEMBER 13, 2017			L1700	0254783			
3.		Date of filing/registration in Florida	4		-	Document n	umber	 	
٩.	(E)	GARRY NELSON ATTORNEY AT LAW							
٥.	\ - /	Registered Agent and Registered Office shown on the records of 1401 BRICKELL AVENUE	f the F	lorida	Dept. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET	'ADD	ress)		_		2	
		SUITE 825					全 語	9110	
	(b)	MIAMI , F	L_3	313	1	_	APR CRETO LAHA	APR	AP.
		BP TAX ADVISORY LLC				_		- S	AND LEE
	. ,	Enter name of NEW Registered Agent and/or NEW Registere	a Om	cc add	LEZZ:		国员	PH-I	/Eu
		848 BRICKELL AVENUE, STE 200					25	12: 07	
		NEW Registered Office Address:					*	7	
		MIAMI , F	L_3	3131		_			
the age	cha ent v s/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lateral days are authorized by an affirmative vote of the members cles of organization of the operating agreement of the	of the liabili of th	registy con ty con e timi ited li	tered office mpany, it is ited liabilit	e and the bus s hereby contry company o npany.	iness offic firmed tha	e of	the registered change(s)
	igna	ture of a member or suthorized representative of a member		—	- ANILO I	Printed or type	ed name of s	signee	
I h pro the to i	eret visi obli nere ifiec	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providity reflect a phange in the registered office address, I in urphing of this change.	v nor	クハトカリハ	יונאל לה שמאו	pacity. I furth duties, and I 5, F.S. Or, if the limited li	ner agree i am famili This docu ability co	to cor ar wi ment nipan	in and accept is being filed y hax been
			_				H190001	1219	39 3