1180000 39112

(Re	equestor's Name)		
(Ac	ldress)	,, ···································	
(Ac	ldress)	<u>-</u>	
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	TIAW	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		:	





100325838081

03/11/13--01003--014 +*25.00

2019 LS. 11 PH 3: 28

MAR 2 0 2019

LALEDITION

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Jan Stlou Name of L	DIS Properties LLC imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Jan St. Louis			
Name of Person			
1x StLouis Propertie	SLLC		
9485 E. Fairway			
City/State and Zip Code Jan Story State and Zip Code Lemail address: (to be used for future annual reports)			
For further information concerning this matter, please			
	56/, 267-0460 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
525 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited fiability company: 3. (a)Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: a 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. aws Signature of a member or authorized representative of a 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 matified in writing of this change. notified in writing of this change. Signature of Registered Agent Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (2/14)