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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Entity Harrie)		
(Document Number)		
(Cocument Number)		
Cadification of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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OCT 2 8 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations				
Jozelp LLC SUBJECT:				
····	of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Itzel Santamaria				
Name of Person				
Firm/Company				
7160 Liberty St				
Address				
Hollywood, FL. 33024				
City/State and Zip Code				
itzeldsantamaria@gmail.com				
E-mail address: (to be used for future annua	al report notification)			
For further information concerning this matter, pl	lease call:			
Itzel Santamaria	305 8904639			
Name of Person	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:				
■ \$25 Filing Fee	S55 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.

l. Na	me of the limited liability company: Jozelp LLC		
2. (a)	Itzel Santamaria	(b)	
- (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7160 Liberty St.		
	Hollywood, FL. 33024		
	10/02/2019		
3.	Date of filing/registration in Florida	4.	Document number
i. (a)	United States Corporation Agents, INC		
. (/	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of S	State:
			79 79
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	5575 South Semoran BLVD Siute 36		FILED PR B 12
	Orlando	32822	
	, rL		
(b)	Itzel Santamaria		PN 80 12
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	NEW Registered Office Address:		<u> </u>
	7160 Liberty		
	Tioo alloity		
	Hollywood	33024	
	, FL		
f the li	mited liability company is not organized under the law	s of the State of	Florida, it is hereby confirmed that after
he cha gent w	nge or changes are made, the Florida/street address of vill be identical. Or, in the case of a Florida limited lia	the registered off bility company,	tice and the business office of the registered it is hereby confirmed that the change(s)
vas/we	re authorized by an affirmative vote of the members of the organization of the operating agreement of the	f the limited liab	ility company or as otherwise provided in
iic ai tii j	cles by diganization of the operating agreement of the	Itzel Santa	
ر <u>کد</u> Signat	uge of a member of puthorized representative of a member	1201 001110	Printed or typed name of signee
hereb rovisione he obli o mere otifica	by accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete is attituded by the proper and complete is attituded by the proper and complete is attituded by the soft of the proper in the registered office address. I have it writing of this change.	ee to act in this c performance of n I for in Chapter (ereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accep 505, F.S. Or, if this document is being filed at the limited liability company has been
Signatur	of Registered/Agent		
7			