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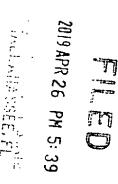
(Req	uestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

Division of Corporations					
SUBJECT: JUNOVER, LUC Name of Lin	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
JOHN WEIDLEIN Name of Person					
JUNOVER LLC Firm/Company					
2324 BULL RUN MOUNTAIN RU Address	OAD_				
MIDDLETS VRG, VA 20117 City/State and Zip Code					
E-mid address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please of	all:				
Name of Person at ((FO) 687 5134 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	☐ \$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.

rioria	a.				
1. Na	ame of the limited liability company:	JUNOVER	LLC		
2. (a)	JUNOVER, LLC			SAME	
	Principal office address of limited liability (Note: MUST BE STREET ADD.	• • •	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2324 BULL RUN MOUNTAI	NROAD			
	MIDDLEBURG, VA 3	0117			
	3/24/18 (EFFECTUME Date of filing/registration in Flo	DATE: 5/US	118 1	_ 180000 802	73
3.	Date of filing/registration in Flo	orida 4.		Document number	
5. (a)	JOHN L. WEIDLE	N			
	Registered Agent and Registered Office shown o	n the records of the Florida	Dept. of State	e:	
	840 OCEAN DRI	VE			
	Registered Office Address (MUST BE FLOR	IDA STREET ADDRESS)	!	-	
	PENTHOUSE A			_	
	JUND BEACH	FL33	408	_	20
				-	[=] 2019 APR
(b)					PR TI
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office add	ress:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Q √
				Er e	P
	NEW Registered Office Address:		· -	HALL AHASSEE F	à O
	340 U.S. HWY ONE :	501/7.1		$r = \frac{1}{2}$	39
	510 0.5.7109 010E	JUV I H			
	JUPITER	, FL	+77		
If the li	imited liability company is not organized	under the laws of the !	State of Flo	orida it is hereby confir	med that after
the cha	inge or changes are made, the Florida stre	et address of the regist	tered office	and the business office	e of the registered
was/we	will be identical.) Or, in the case of a Florere authorized by an affirmative vote of the	ne members of the limi	ted liabilit	v company or as otherw	the change(s) ise provided in
the arti	cles of organization or the operating agre	ement of the limited li	ability com	ipany,	
Signat	Millalin-	<i>Ja</i>	INL. W	FIOLEIN MANY Printed or typed name of sig	10ER
- /	fure of a member or authorized representative of a				
provisi	by accept the appointment as registered a ons of all statutes relative to the proper of	igent and agree to act ind complete performa	in this cape nce of my <u>c</u>	ucity. I further agree to duties, and Lam familia	comply with the with and accept
to mere	ons of all statutes relative to the proper of igations of my position as registered age of the registered office in the registered of the register	nt as provided for in C se address, I hereby co	napter 605 nfirm that i	, F.S. Or, if this docum the limited liability com	ent is being filed pany has been
понувес (Lin writing of this change.			-	•
Signatur	ry of Registered Agent				