120000318674

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COVER LETTER

TO: Registration Section Division of Corporations	
Hey Jule, LLC SUBJECT:	
	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:
Nathan S. Welch	
Name of Person	
Bowen, Radabaugh & Milton, P.C.	
Firm/Company	
100 E. Big Beaver Road, STE 350	
Address	
Troy, MI 48083	
City/State and Zip Code	
NSWelch@brmattorneys.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Nathan S. Welch 24 at (48 641-2952
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	ı:
■ \$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.

a)	29755 Beck Road		(b) 29755 Beck Road	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wixom, ML US 48393		Wixom,	MI. US 48393
	October 8, 2020	-	L2000031	8674
	Date of filing/registration in Florida	4.		Document number
(a)	Lynn Matson			
, ,	Registered Agent and Registered Office shown on the records of th 993 8th Street South	e Florid	a Dept. of St	
	Registered Office Address (MUST BE FLORIDA STREET AD Unit 2, Villas Dimarino 1	DDRES,	<u>(S)</u>	7779 DEC -1
	Naples , FL ³	4102		1
b) _	Julie Matson			- PH 1: 19
	Enter name of NEW Registered Agent and/or NEW Registered C	Office ac	dress:	
	14579 Edgewater Circle			w w
	NEW Registered Office Address:			
	Naples, FL 3	4114		_
ige it w we	mited liability company is not organized under the laws or changes are made, the Florida street address of the real be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the offorganization of the operating agreement of the liable.	egistere ility co the lin	ed office a impany, it iited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
$\int \int$	are of a member or authorized representative of a member	Juli	e Matson	
	ure at a inember or sulborized tenreceptative at a member			Printed or typed name of signee

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent