200	1 UNIFORM I	BUSINESS REPO	RT (UB	R)
DOEL	JMENT# IC	0000014045		
1. Entity Name				FILED
S.J.L.S. AND ASSOCIATES, L.C.				
				O1 MAY 29 PM 3: 53
Principal Place of Business Mailing Address		HTC 0000	SECRETARY OF STATE TYLLARS FELLORIDA	
20423 STATE ROAD 7. SUITE 6209		3HE 9508	工作注意赞 (th) EURIUM	
			٠.	E 1881/1841 DIN GOVER CONTE
2. Principal Place of Business		3. Mailing Address		
		<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Sta	ate	City & State		4. FEt Number Applied For Not Applicable
Zip	Country	Zip	Country	¢E 00 Additional
	6 Name and Address of	Current Registered Agent		S. Certificate of Status Desired
<u> </u>	o. Name and Address of	Ourient Hegistered Agent	Name	7. Name and Address of New Registered Agent
SEGLIN, JUDITH			Street A	ddress (P.O. Box Number is Not Acceptable)
20423 STATE ROAD 7, SUITE 6209 BOCA RATON FL 33498				
BOOK INTON 1E 35450			City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				<u>r</u>
SIGNATURE Signature, typed or printed parme of registered agent and title in participle. (NOTE: Registered Agent signature required when reinstating) DATE				
<u></u>		FILE NO	W!!! FEE IS \$ eble to Depart	1
9.	MANAGINO	G MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE NAME		☐ Delete	TITLE NAME	JUDITH SES LIN MENSON Phange Maddition 8
STREET ADDRESS			PERCET ADDRESS	MW M M M M M M M M M
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP	BOCA RATION, I. J. 33 KGF STOWART SELLIN DOYN'S STATE-1127 STE-6250 BOLA RATION, FL. 33-498 Change DAddition
NAME		— Déleté	NAME	Stewart Section Change Browning
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	20423 STATE 1647 STEGETO
TITLE		□ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	700004422 Charge - Addition -06/15/0101067010
STREET ADDRESS			STREET ADDRESS	-06/15/0T01067010
CITY-ST-ZIP			CITY-ST-ZIP	*****50.00 *****50.00
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ŽIP		□ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME 📏		LLI VOICIO	NAME	
STREET AODRESS CITY-ST-ZIP	\		STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: