## 10200013828

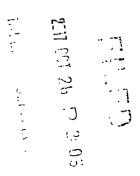
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	ML
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





500304853175

10/26/17--01010--009 \*\*25.00



CUT 2 / 223

## **COVER LETTER**

TO: Registration Section Division of Corporations							
LJH Real Estate, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for	r filing.				
Please return all correspondence concerning th	is matter to the	following:					
Marcella Ann Beeching, Esq.							
Name of Person							
Attorney at Law							
Firm/Company	· · · · · · · · · · · · · · · · · · ·						
2310 L'Atrium Circle North							
Address	<u> </u>						
Ponte Vedra Beach, FL 32082				r a			
City/State and Zip Code	·		•	150 4.			
marcellabeeching@gmail.com				27 25 5			
E-mail address: (to be used for future and	ual report notif	lication)		ST			
For further information concerning this matter.	please call:			د د			
Marcella Ann Beeching	904 at (	686-5621		<u>က</u> ည			
Name of Person	(	Area Code & Daytim	e 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	□ s	55 Filing Fee & Certifie	d 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.

1. N	ame of the limited liability company: LJH Real Es	tate, L.L	_,C,			
2. (a)	2524 Laurel Glen Drive	(t	2524 La	aurel Glen Driv	/e	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of li (Note: MAY BE)		
	Lakeland, FL 33803		Lakelan	d, FL 33803		
	06/05/2002	_	L020000	13828		
3.	Date of filing/registration in Florida	4.		Document num	ber	
5. (a)	Marcella Ann Beeching					
	Registered Agent and Registered Office shown on the records o c/o Good Faith Realty Building	f the Florida	a Dept, of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET	-				
	1655 The Greens Way					
	Jacksonville	32250		-		
	r:	1		_		
(b)	Marcella Ann Beeching					
, ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	-	٠ ٦	
	2240 LiAtrium Cirolo North					
	2310 L'Atrium Circle North			-		•
	NEW Registered Office Address:				25	
					- ¬	•
	Donto Vadra Basah	22222			က်	, ,
	Ponte Vedra Beach	<sub>l.</sub> 32082		_	زد	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginability control  of the lin	stered office ompany, it is nited liability liability con	e and the busines is hereby confirm y company or as npany.	s office of led that the otherwise	the registered change(s) provided in
Signa	ature of a member or authorized representative of a member		SHARIN Peth +, Mg1.  Printed or typed name of signee			
provis the ob to mer	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providerly reflect a change in the registered office address. It din writing of this change.	gree to ac e perform ed for in ( hereby c	t in this capt ance of my Chapter 605 onfirm that	acity. I further c duties, and I am i, F.S. Or, if this the limited liabil	igree to co. Jamiliar w document lity compar	mply with the ith and accept is being filed iy has been
Signati	ure of Registered Agent					

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