10300031823

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

Office Use Only



300319385713

2018 OCT 15 AM 11: 03 TALLAHASSEE, FL 10/16/18--01003--004

12 Job 18

2018 OCT 15 MH 9: 45

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: JIM BULLIS TWO, LLC								
	Name of Limited Liability Company							
Dear Sir or Madam;								
The enclosed Registered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.						
Please return all correspondence concerning t								
Sean L. Wilson								
Name of Person								
Law Office of Sean L. Wilson								
Firm/Company								
runt/Company								
1180 N. Congress Ave., Ste. 205								
Address								
Boynton Beach, Florida 33426								
City/State and Zip Code								
Sean@SeanLWilson.com								
E-mail address: (to be used for future an	nual report not	ification)						
For further information concerning this matter	, please call:							
Sean Wilson	954	575-3360						
Name of Person		Area Code & Daytime Telephone Numb						
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	<u> </u>	55 Filing Fee & Certified Copy						
INHS18 (2/14)								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the Stationida.

1. N	ame of the limited liability company: Jim Bullis	Two, LLC				_	
2. (a)		O.)		-		
, ,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(\	· / ·	Mailing address of lim (Note: MAY BE Po	iited liabili	ty comp	any:
	8699 Sawpine Road		8699 Sa	8699 Sawpine Road			
	Delray Beach, Florida 33446		Delray Beach, Florida 33446				
	08/25/2003		L030000	31823			
3,	Date of filing/registration in Florida	4.		Document number	er		
5. (a)							
2. (,	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of State	_ e:			
	Sean L. Wilson						
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	 }	_		2	
	2385 NW Executive Center Drive, Suite 1	100			ئۆپـــ ∵>جد	810	
	Boca Raton	FL 33431		-		2018 OCT 15	n
				•	# 15.	5	3
(b)	Enter name of NEW Registered Agent and/or NEW Register		 -		SSE	7	
	Enter name of NEW Registered Agent and/or NEW Register	red Office add	<u>lress</u> :		m≓i mo	AM 11: 03	
	Diana Bullis				177 177	03	
	NEW Registered Office Address:						
	8699 Sawpine Road						
	Delray Beach	_{FL} 33446					
If the li		<u> </u>	See Section	atura da romanda		1 :	•
the cha	mited liability company is not organized under the inge or changes are made, the Florida street address	of the regist	tered office	and the business of	affice of	the rec	rictored
agent w	vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members	liability cor	mpany, it is	: hereby confirmed	that the	chano	e(s)
the arth	cles of organization or the operating agreement of the	he limited li	ability com	pany.	iici w isc	morra	ca m
	ulla Gill-	Dian_	a Bullis				
	ure of a member or authorized representative of a member			Printed or typed name	_		
the obli to mere	by accept the appointment as registered agent and a poss of all statutes relative to the proper and comple gations of my position as registered agent as provid by reflect a change in the registered office address, but writing of this change.						
Signatur	e of Registered Agent						