## L09 0000 64366

(Requestor's Name)									
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(Business Entity Name)									
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2020 SEP 28 AM 9: 42

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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SHBJ	JL CAPITAL ADVISORS,	LLC						
ОБ	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The ei	nclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.					
Please	e return all correspondence concerning this n	natter to the f	Collowing:					
JOS	EPH H. LITTKY							
	Name of Person		_					
	Firm/Company	<u> </u>	<del>_</del>					
2700	00 PORTOFINO CIRCLE, #101							
	Address		_					
PAL	M BEACH GARDENS, FLORIDA 334	18-1273						
	City/State and Zip Code							
	EPHLITTKY@GMAIL.COM	·						
	E-mail address: (to be used for future annual	report notifi	cation)					
For fu	urther information concerning this matter, ple	ease call:						
JOS	EPH H. LITTKY	561	385-4131					
	Name of Person	\	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314					
	Enclosed is a check for the following an	nount:						
	S25 Filing Fee	<b>□</b> \$5	5 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.

1. 1	Name of the limited liability cor	npany:	L ADVIS	ORS, LLC	>			
2. (a	27000 PORTOFINO CIP	RCLE #101	(t	27000 F	PORTOFINO C	IRCL	E, #1	01
`	Principal office address of I		(1		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	PALM BEACH GARDE	NS, FL 33418		PALM E	BEACH GARDE	ENS, F	L 33	418
								<del></del>
	07/02/2009			L090000	64366			
3.	Date of filing/registr	ation in Florida	4.		Document numb	er		
5. (a	a) JOSEPH H. LITTKY							
	Registered Agent and Registered O 4455 MEDITERRANEA		of the Florida	Dept. of Stat	ee:			
	Registered Office Address (MU						2(	
			-	_			2020 SEP	
	PALM BEACH GARDE	NS1	<sub>FL</sub> 33418		_	TAHA LAHA	SEP 28	FE STREET
(b)	JOSEPH H. LITTKY				SSE A			m
	Enter name of NEW Registered As	gent and/or NEW Register	ed Office ad	dress:	_	US 型型	9: 43	D
	27000 PORTOFINO CI	RCLE, #101				L K	ည်	
	NEW Registered Office Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_			
	PALM BEACH GARDE	NS , i	<sub>FL</sub> 33418		-			
agent was/ the a	c limited liability company is no hange or changes are made, the t will be identical. Or, in the case were authorized by an affirmative ticles of organization or the open	Florida street address se of a Florida limited /e vote of the members	of the regis liability co s of the lim he limited l	stered office mpany, it is ited liability iability con	e and the business s hereby confirme y company or as o npany.	office d	of the he cha	registered
	nature of a member or authorized repres	contative of a member	108	SEPH H. I		<i>p</i> .		
Her provi the ou to me notifi	reby accept the appointment as it is ions of all statutes relative to to bligations of my position as regional reflect a change in the region of this change.	ragistared agent and a	gree to act le perform ded for in C I hereby co	in this cape ince of my c hapter 605 infirm that	Printed or typed nan acity. I further ag duties, and I am f 5, F.S. Or, if this a the limited liahili			with the and accept eing filed us been

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