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SECRETARY OF STATE

JUN 22 2019 TECKNOSOSI

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Appleyate Nam	JSA LLC ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Susan Jaciul	
Applegate USA U	
485 E South St Address	treet_
Jackson MI City/State and Zip Code	49203
E-mail address: (to be used for future inn	with Comunication)
For further information concerning this matter,	please call:
Susan Jaciuk	at (517, 783-2646
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	MAILANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

I. No	ame of the limited liability company:APDlegate US	ISA UC	
2. (a)	(b)	o)	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	·';
		485 E South Street	-
-	Pompano Beach, Fl 33069	Juckson MI 49203	
	Totalparo Deact Ti 22001		
	19/31/11	L11000144008	
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Richard L Applegate	<u> </u>	
	Registered Agent and Registered Office shown on the records of the Florida I.	a Dept. of State:	
	659 Doca Marcina Court	-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	2.1		7
	Boca Kitter FL 334	<u> </u>	-
(b)	Richard i Applegate]
(17)	Enter name of NEW Registered Agent and/or NEW Registered Office addr	Ulress:	,
	O O / O 1 1	1	
	1705 S. OCEAN Doulevard	<u>d</u>	
	NEW Registered Office Address:		
	Delpay Beach Fr. 33	<u>3483 </u>	
If the li	mited liability company is not organized under the laws of the S	State of Florida, it is hereby confirmed that afi	ler
the cha	nge or changes are made, the Florida street address of the registe fill be identical. Or, in the case of a Florida limited liability con	stered office and the business office of the regi	stered
was/we	re authorized by an affirmative vote of the members of the limit	tited liability company or as otherwise provided	d in
the arm	cles of organization or the operating agreement of the limited lia	Richard Hoplegate	
Signat	ure of a member or authorized representative of a member	Printed or typed name of signee	
provisie the obli to mere	y accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performang ations of my position as registered agent as provided for in Ch in the registered office address. I hereby continue of this change.	ance of my duties, and I am familiar with and o	iccent.
Signatur	e of Registered Agent		