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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Just One More LLC. (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julie Rudolfer (Name of Person)
Just one more (Firm/Company)
3808 M. Moneoe St.
TAIL, FIA - 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 656-316/ (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 3230

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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

Pursuant to the provision. liability company submits agent, or both, in the State	s of sections 608 the following sta of Florida	8.416 or 608.508 itement in order i	, Florida Statut to change its re	es, the undersi gistered office (gned limited or registered
1. The name of the limited	•		st one	^ ^	UC
2. The mailing address of t	the limited liabili	ty company is:	•	•	
3808 - St.1	• •	poe st.	TALL	FIA. 32	303
5-1-12			11201	20 015	880
3. Date of filing/registration	on in Florida		4. Document nu	ımber	-000
5. The name of the registers Florida Department of St.	tate Len wo 3697 Ca TAII. F The new register Swie 808 No Florida street add AM	Name Name Address Address Lity, State and Zip	hell kn.w 303 ffice: Ser	SECRETARY OF STATE	of the
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is herely the members of the limited the operating agreement of the operations of the ope	inge or changes as registered ager by confirmed that liability company the limited liability of representative of a manual as register.	re made, the Florint will be identical the change(s) way or as otherwise putty company.	da street address I. Or, in the case as/were authorize brovided in the a	s of the registere e of a Florida lined by an affirmaticles of organ	ed office nited ative vote of ization or

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