# 2/2000039288

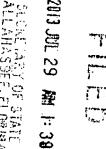
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Ви	ısiness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	NUL 3 1 2013			
	A. LUNT			
[				

Office Use Only



400250074994

07/29/13--01022--013 \*\*25.00



#### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: Juliet Fox Investments, 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:

## Joseph Faulkner

Name of Person

## Juliet Fox Investments, LLC

Firm/Company

1913 Saboff Way

Address

Chuluota, FL 32766

City/State and Zip Code

## josephfaulkner1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Joseph Faulkner

<sub>at (</sub>262

716-9265

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

#### **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

□ \$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 608.416 or 608.508, 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.

agent, or both, in the State of Florida.	i io unango no regime	rea ojji	00 07 7	egimerea	
1. Name of the limited liability company: Juliet Fox Investments,	пс				
2. (a) Principal office address of limited liability company	J- 1913 Seboff Way				
(Note: MUST BE STREET ADDRESS)	Chuluota, FL 32766				
(b) Mailing address of limited liability company:	1913 Saboff Way				
(Note: MAY BE POST OFFICE BOX)	Chuluota, FL 32766				
3/21/2012	L12000039288				
3. Date of filing/registration in Florida	4. Document number	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Floric	la Dept.	of Sta	te:	
Registered Agent:	Registered Agent Solutions Inc	Z m	2		
Registered Office Address:	155 Office Plaza Drive	<b>本</b> 企	نت <u>چ</u>	* Section 1	
registered office (takings).	Suite A	<b>7&gt;</b> ₹ξ	1	ALCO STATE OF THE PARTY OF THE	
	Tallahassee, FL 32301	6500	9	chinam.	
		a diag	)ka	rn:	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	W Registered Office at	ddress:	2	Prompy No. 1	
	··· × · × · × · · · · · · · · · · · · ·	3154	•••	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
NEW Registered Agent:	Joseph Faulkner	#3 F4	<u>မ</u>		
NEW Registered Office Address:	1913 Saboff Way				
(MUST BE FLORIDA STREET ADDRESS)					
	Chuluota		,FL 327	66	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of t ical. Or, in the case of	the regis a Florid	stered of a limit	office ed	
Joseph Faulkner					
Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capa oper and complete perfo sition as registered age rely reflect a change in y has been notified in w	city. I fi ormance nt as pr the reg riting of	urther of my ovided istered this ci	agree to duties, for in office hänge.	
Signature of Registered Agent					

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