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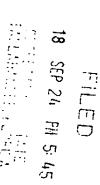
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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09/24/18--01021--002 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	JLC CONTRACTOR LLC					
,1(-1),1	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The ci	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
JOR	GE LEON					
	Name of Person		_			
JLC	CONTRACTOR LLC					
	Firm/Company					
7401	ROBINDALE RD					
	Address		_			
TAM	PA,FLORIDA 33619					
-	City/State and Zip Code					
JOR	GELEON1296@YAHOO.COM					
	E-mail address: (to be used for future and	mal report notif	ication)			
For fu	rther information concerning this matter	. please call:				
JORG	GE LEON	813	477-9679 			
	Name of Person	w ,	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rej Div P.C	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 dahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	24 \$25 Filing Fee	□ \$5	5 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. Na	me of the limited liability company:	ACTOR LLC	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7401 ROBINDALE RD		
	TAMPA,FLORIDA33619		
	04/19/2012	L1200	0053206
3.	Date of filing/registration in Florida	- 4.	Document number
5. (a)			
'. (el)	Registered Agent and Registered Office shown on the records of JORGR LEON	f the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET) 74701 ROBINDALE RD	ADDRESS)	<u></u> □ : =
	TAMPA	33619	— SEP
(b)			24 [
(**)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	JOSE ARMANDO LEON		SEP 24 PH 5: 45
	NEW Registered Office Address:		
	7401 ROBINDALE RD		
	TAMPA	L ³³⁶¹⁹	
he cha igent v was/wa he art	imited liability company is not organized under the launge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the State of if the registered of iability company, of the limited liab	f Florida, it is hereby confirmed that after ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
	are of a member or authorized representative of a member		Printed or typed name of signee
provisi The obli To mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completifications of my position as registered agent as providely reflect a change in the registered office address. It	e performance of	my duties, and Lam familiar with and accept
Signan	ne of Registered Agent		