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COVER LETTER

TO: Registration Section , Division of Corporations			
SJE Florida Enterprises, L	LC		
N'	ame of Limited Lia	bility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fi	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the fo	ollowing:	
Sydney Grice			
Name of Person		=	2073 AFO 177 35 U.S. (-)
Anderson Business Advisors			: 17
Firm/Company		_	
3225 McLeod Drive, #100			12
Address		_	, ,
Las Vegas, NV 89121			
City/State and Zip Code	•	_	
ra@andersonadvisors.com			
E-mail address: (to be used for future a	nnual report notific	ation)	
For further information concerning this matter	er, please call:		
Sydney Grice	800 at (7064741	
Name of Person		Area Code & Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	HANG ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following	ng 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.

liability company: OFFICE BOX)
OFFICE BOX)
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2023 7.7.5
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firmed that after ice of the registered at the change(s) rwise provided in
signee
to comply with the liar with and accept ment is being filed ompany has been