LIADDOTAGO

| (Re | equestor's Name) | | | | | |
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| (Address) | | | | | | |
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| (Cit | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | ısiness Entity Nam | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | ed Copies Certificates of Status | | | | | |
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SECRETARY OF STATE

UNIXE 2015 BRUCL

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | | |
|---|---|----------------------|--|--|--|--|--|--|--|
| SUBJECT: The John Showkoom, 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: | | | | | | | | | |
| Andre Schvoeder Name of Person | | | | | | | | | |
| The Jolley Showkoom Birm/Company | | | | | | | | | |
| 551 Wifton Rd. NE Address | | | | | | | | | |
| AHawta, CA 30307 City/State and Zip Code | | 2015 JUL SECRETA | | | | | | | |
| E-mail address to be used for future annual report no | 20 P IZ | | | | | | | | |
| For further information concerning this matter, please call: | | : 38 ATE ARIUA | | | | | | | |
| Andle Suvoldev at (850) Name of Person | Area Code & Daytime Teleph | one Number | | | | | | | |
| Registration Section I Division of Corporations I Clifton Building I | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | | | |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$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 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.

| ru | oriaa | "· | | | | |
|-----------------|-------------------------|---|---|------------------|--|---|
| 1. | Na | ime of the limited liability company: 16 Jo | Hen Show | 00 W | | · |
| 2. | (ä) . | The Jolley Showroom | (b) The | Toller | -Showroon | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Ē | - | of limited liability BE POST OFFICE | |
| | | 250 Spring St. #9W126 | 551 | lifton Ro | l.nE | |
| | | Atlanta GA 30303 | Atlan | ita, 6A | 30307 | |
| | | | ,,,,, | ~~~~~~~~ | או | |
| 3. | | Date of filing/registration in Florida | _ <u>L1200</u> | Document no | mber | |
| 5. | (a) | United States Corporation | • | | | |
| 3. | (a) | Registered Agent and Registered Office shown on the records of | | | | |
| | | 13302 Winding Oaks Ut. | A | - | | |
| | | Registered Office Address (MUSPBE FLORIDA STREET | <u>ADDRESS)</u> | | | |
| | | Tanona - | 22510 | - | | |
| | | , FI | L_22612 | | 20 TAL | |
| | (b) | Carry Jolley/The Joller | | M | 2015 JUL SECRET ALLAHA | 77 |
| | | Enter name of NEW Registered Agent and/or NEW Registere | detince address: | | TARY ASSE | |
| | | 1923 5th Ct. SE | | - | E. F | П |
| | | NEW Registered Office Address: | | | LOR STA | D |
| | | | | - | E A | |
| | | Vero Beach, F | 32962 | _ | | |
| If | the li | imited liability company is not organized under the la | ws of the State of Flo | orida, it is her | eby confirmed | that after |
| ag | ent v | inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l | iability company, it i | s hereby conf | irmed that the o | :hange(s) |
| the | e.arti | ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e limited liability con | npany. | | rovided in |
| 4 | Silenat | ture of a member or authorized representative of a member | 7 Andee | SCN VOC | d name of signee | |
| I_{i} | baral | by accent the annointment as registered agent and ag | ree to act in this can | acity I furth | er aaree to con | ply with the |
| pr the to | ovisi e obl. mere | on the depondent as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, l | e perjormance oj my ed for in Chapter 605 ' hereby confirm that | aunes, and F | um jamular wit this document i ability company | n ana accept s being filed has been |
| no | tified | d in writing of this change ? | • • | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: S25.00

Signature of Registered Agent