## L12000079909

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	idress)					
(Cit	ty/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



300339552923

01/24/28--01008--616 \*\*uS.0.

2020 UP 24 AM 9: 50

GOLDEN FEB 2 0 2020

## COVER LETTER

_	sistration Section ision of Corporations					
SUBJECT:	Classical Conversations of Jupiter, LLC					
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Office C	hange and fo	ce(s) are submitted for filing.			
Please returi	n all correspondence concerning this ma	tter to the fo	llowing:			
Christina Sha	ırkey					
	Name of Person		_			
	Firm/Company		-			
11516 162n	d Pl N					
-	Address		-			
Jupiter, FI 33	478					
	City/State and Zip Code		_			
CRae04@hot	mail.com					
E-mail	address: (to be used for future annual re	port notifica	ation)			
For further i	nformation concerning this matter, pleas	e call:				
Jamie Cogges	shallat	561	6447778 _)			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following amou	ant:				
<b>≅</b> \$3	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

## 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	ame of the limited liability company: Classical Converg	sations	of J	upiter, LLC			
2. (a)	Jamie Coggeshall		(b) Jamie Coggeshall				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of the (Note: MAY BE I		
	153 Rosewood Cir			153 Rosew	cod		
	Jupiter, Fl 33458			Jupiter, Fl 1	33458		
	June 15, 2012		1	.120000799	09		
3.	Date of filing/registration in Florida	4.	-		Document numb	er er	••
5. (a)	Jamie Coggeshall						
5. (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of State	- ::		
						<b>5</b> 3	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)		-	020	
	153 Rosewood Cir					=	•
	Jupiter	33458			-	2020 (1411 24	
	, FI				-	2	,
(b)	Christina Sharkey					9.	الم
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	ress;	-	: 50	
						J	
	NEW David Colors Address				-		
	NEW Registered Office Address:						
	11516 162nd PLN				•		
	Jupiter F1	33478	3				
	··				-		
	imited liability company is not organized under the la- or changes are made, the Florida street address of the						
agent v	vill be identical. Or, in the case of a Florida limited li	ability	con	ipany, it is	hereby confirme	ed that the c	hange(s)
	ere authorized by an affirmative vote of the members of these of organization or the operating agreement of the					otnerwise p	rovided in
	and lessol	Ja	amie	Coggeshall			
Signa	ture of a member or authorized federasentative of a member				Printed or typed nar	me of signee	<del></del>
provisi the obl to mere	by accept the appointment as registered agent and agrifons 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, I is a writing of this change.	perfor	rmar	ice of my d	luties, ånd I am f	amiliar with	h and accept
Stenatu	re of Registered Agent						