113000118859

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations	
	Sples CLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jonah Rogows Name of Person	<u>k</u> :
Jonah Sales LC Firm/Company	-C
Firm/Company	
5 NE 27 AVE	
Address	
Pompano Beach, City/State and Zip Code Jonahdavidrogowski.	
For further information concerning this matt	er, please call:
Jonah Rogowski Name of Person	at (586) 524 ~ 5856 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	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 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.

1. Name of the limited liability company:	L SAIRS LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	JONAL SAIRS LLC SNE 27 AVE Pompano Brach, FL 3306
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Jonah SAIRS LLC 5 NE 27 AVE Pompano Brack, FC 33062
8/22/2013	L13000118859
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	United States Corporations Agent In
Registered Office Address:	13302 Winding OAK C+ STEA TAMPA, FL 33612
(b) Enter name of NEW Registered Agent and/or NE	CW Registered Office address:
NEW Registered Agent:	Jennifer Prestifilippo
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3206 WAZEELE St #125 TAMOR, FL 33609, FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of a member of authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant of am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and the familied hability company. Signature of Registered Agent Division of Corporations, P.O. Box 6	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of rise provided in the articles of organization or agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change. 327, Tallahassee, FL 32314
FILING FEE: S	\$25.00