## 1130015852

| (Re                     | questor's Name)    |           |  |  |  |
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| (Cit                    | ty/State/Zip/Phone | e #)      |  |  |  |
| PICK-UP                 | MAIT               | MAIL      |  |  |  |
| (Bu                     | siness Entity Nan  | ne)       |  |  |  |
| (Document Number)       |                    |           |  |  |  |
| Certified Copies        | _ Certificates     | of Status |  |  |  |
| Special Instructions to | Filing Officer:    |           |  |  |  |
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R. WHITE

## **COVER LETTER**

| TO:                               | Registration Section Division of Corporations  |                   |   |  |  |  |
|-----------------------------------|--|-------------------|---|--|--|--|
| SUBJE                             | Marybudd 32254 LLC   |                   |   |  |  |  |
| Name of Limited Liability Company |  |                   |   |  |  |  |
| Dear Si                           | ir or Madam:   |                   |   |  |  |  |
| The end                           | closed Registered Agent/Registered Offi  | ce Change and     | fee(s) are submitted for filing.  |  |  |  |
| Please 1                          | return all correspondence concerning thi   | s matter to the   | following:  |  |  |  |
| Jeffre                            | y Fountain   |                   |   |  |  |  |
|                                   | Name of Person   |                   | _   |  |  |  |
| Maryb                             | oudd 32254 LLC   |                   |   |  |  |  |
|                                   | Firm/Company   |                   | <del></del>   |  |  |  |
| 230 E                             | 4TH ST   |                   |   |  |  |  |
|                                   | Address  |                   | _   |  |  |  |
| Jacks                             | onville FL 32206   |                   |   |  |  |  |
|                                   | City/State and Zip Code  |                   | <del></del>   |  |  |  |
| founta                            | ain.jb@gmail.com   |                   |   |  |  |  |
| E-                                | -mail address: (to be used for future annu   | ual report notifi | cation)   |  |  |  |
| For furt                          | ther information concerning this matter,   | please call:      |   |  |  |  |
| Jeff Fo                           | ountain  | 865<br>at (       | 318-7604  |  |  |  |
|                                   | Name of Person   |                   | Area Code & Daytime Telephone Number  |  |  |  |
|                                   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Reg<br>Div<br>P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314 |  |  |  |
|                                   | Enclosed is a check for the following amount:  |                   |   |  |  |  |
|                                   | ☑ \$25 Filing Fee  | □ \$5             | 5 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.

| 1. N                                | ame of the limited liability company: Marybudd 322  | 254 LL   | C                         |   |   |                                       |  |
|-------------------------------------|---|--|---------------------------|---|---|---------------------------------------|--|
| 2. (a)                              | 230 E 4TH ST  | <b>(</b> 1-  | n) '                      | 230 E 4TH ST  |   |                                       |  |
| ()                                  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (  | ~ <i>)</i> _              | Mailing address of li<br>(Note: MAY BE )  |   |                                       | •  |
|                                     | JACKSONVILLE, FL 32206  | <del></del>  | -                         | JACKSONVILLE, FL  | 32206   |                                       |  |
|                                     | 11/12/2013  |  | Ľ                         | .13000158523  |   |                                       |  |
| <ul><li>3.</li><li>5. (a)</li></ul> | Date of filing/registration in Florida DELUGE, DAVY   | 4.   |                           | Document numb   | oer   |                                       |  |
| J. (u)                              | Registered Agent and Registered Office shown on the records of to 17888 67TH COURT NORTH  | he Florida   | a D                       | Dept. of State:   |   |                                       |  |
|                                     | Registered Office Address (MUST BE FLORIDA STREET A   | DDRESS   | <u>s)</u>                 |   | AL  | 14                                    |  |
|                                     | LOXAHATCHEE , FL  | 33470  |                           | <del> </del>  |   | J:# -2                                |  |
| (b)                                 | JEFFREY FOUNTAIN  |  |                           |   | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;               | : . !                                 | <u> </u>                                 |
| (0)                                 | Enter name of NEW Registered Agent and/or NEW Registered  | Office ad  | dre                       | ress:   | n ( )<br>Şiri 3                                     | <u>75</u> 5                           |  |
|                                     | 230 E 4TH ST  |  |                           |   |   | · 13                                  |  |
|                                     | NEW Registered Office Address:  |  |                           |   |   |                                       |  |
|                                     | JACKSONVILLE , FL   | 32206  |                           |   |   |                                       |  |
| the cha<br>agent was/w              | imited liability company is not organized under the law<br>ange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | the reginability confirmation from the limited | ste<br>om<br>iite<br>lial | ered office and the busines<br>npany, it is hereby confirm<br>ed liability company or as                                    | s office of<br>ed that the                          | the re                                | gistered                                 |
| Signa                               | sture of a member or authorized representative of a member  |  | •                         | Printed or typed na   | me of signer  | <del></del>                           | <del></del>                              |
| nougie                              | by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a writing of this change.  | ee to aci<br>perform<br>I for in (<br>iereby c   | t in<br>Chi<br>Onj        | n this capacity. I further a<br>nce of my duties, and I am<br>napter 605, F.S. Or, if this<br>nfirm that the limited liabil | igree to co<br>familiar w<br>document<br>ity compai | mply v<br>ith and<br>is bei<br>ny has | vith the<br>d accept<br>ng filed<br>been |
| J                                   |   |  |                           |   |   |                                       |  |

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