UUDDO	1562				
(Requestor's Name) (Address) (Address)	500278387345				
(City/State/Zip/Phone #)	10/23/1501009006 ** 25.00				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED				
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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: 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:

William Liglloway Name of Person Das 110 Firm/Company 3472 Weens Rd Suite#2 Tellahassee, Florida 32317 City/State and Zip Code Will 6 the capitals-teps. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WIII Callowal at (850) 591-9611 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

MAILING ADDRESS: **Registration Section Division of Corporations**

P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

Sa \$25 Filing Fee

□ \$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. Name of the	limited liability company	: Lobby 1	Jacs LI	10			
2. (a) <u>3472</u>			(b)	3472	Weens		Swite +2
Prtr	cipal office address of limited (Note: MUST BE STREET			-	dress of limited MAY BE POST		
Tella	hassee FC 3	23 7		(Gllchrissen	FZ	323	17
3. <u> </u>	1/27/2014 Date of filing/registration	in Florida	 (21406 C	01456 ent number	<u>,2</u>	
	0						
	Agent and Registered Office sh	own on the records of th	ne Florida Dept	. of State:			
247	2. Weens Rd	. Suite 2					
Registered		FLORIDA STREET A					
				٢			
Talle	hassee	, FL_	323	17			
(b)	liam /zalla	WAY			TX	SF 15	
	of NEW Registered Agent an		Office address:				
34-	12 Weens	Rd. Su:	te Z		SVI	OCT 23	FILE
NEW Reg	istered Office Address:	v ,			रेगे -च्		
			.			F STA	
~ 1				_	(IUA	1E 37	
791	lahassee	, FL_	3231	/			
the change or cha agent will be iden	wility company is not orgating anges are made, the Floric ntical. Or, in the case of a zed by an affirmative vot	la street address of Florida limited lia	the registere bility compa	d office and the my, it is hereby	business offi confirmed th	ice of the at the cha	registered inge(s)
the articles of org	anization or the operating	g agreement of the l	imited liabil	ity company.	iny of as other	wise pro-	vided in
(WIL)	allowary		k	lillian	Laglic	way	
	nber or authorized representation			Printed o	or typed name of	signee /	
I hereby accept i provisions of all the obligations o to merely reflect notified in writin	the appointment as regista statules relative to the pro- f my position as registered a charge in the registered g of this charge.	ered agent and agre oper and complete p d agent as providea d office address, I h	ee to act in ti performance for in Chap ereby confir	his capacity. Tj of my duties, a ter 605, F.S. C m that the limit	turther agree nd I am famil r, if this docu ed liability co	to comply iar with c ment is b mpany h	w with the and accept being filed as been
WM Signature of Register	Annu MU M						

Signature of Registered Agent

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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00