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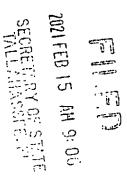
(Re	(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL					
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Certified Copies	_ Certificates	Certificates of Status					
Special Instructions to Filing Officer:							
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations							
JUSTIN SQUARE, LLC SUBJECT:	·						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.						
Please return all correspondence concerning this ma	tter to the following:						
ALYSON G. MORELLI, ESQUIRE							
Name of Person							
ASTRID DE PARRY, P.A.							
Firm/Company							
107 EAST CHURCH STREET							
Address							
DELAND, FL 32724							
City/State and Zip Code							
email@delandattorney.com							
E-mail address: (to be used for future annual re	eport notification)						
For further information concerning this matter, pleas	se call:						
ALYSON G. MORELLI at	386 736-1223						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amo	ount:						
■ \$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 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.

l. Na	me of the limited liability company:JUSTIN SQUARE	E, LLC				
2. (a)	1060 WOODCOCK ROAD, SUITE 128		(b) 1060 WOODCOCK ROAD, SUITE 128			128
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address ((Note: MAY)		
	#82956	.	#82956			
	ORLANDO, FL 32803-3607		ORLANDO	O, FL 32803-3	¹ 607	
	02/07/2014		L140000214	189		
3.	Date of filing/registration in Florida	4.		Document nu	ımber	
5. (a)	JUSTIN KENT					
J. (4)	Registered Agent and Registered Office shown on the records of 1060 WOODCOCK ROAD, SUITE 128	the Florid	a Dept. of State	- ::		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>	-	S	21
	#82956				TAL TAL	[2021 F
	ORLANDO, FL	32803-3	607	_	.L.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(b)	ASTRID DE PARRY, P.A.			_	3388) 340 A	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ldress</u> :		그렇	90 :0
	107 EAST CHURCH STREET			_		56
	NEW Registered Office Address:					
	DELAND . FL	32724		-		
change agent v was/W	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin limited	ed office and ompany, it is nited liability	d the business s hereby confi y company or	office of tirmed that	he registered the change(s)
Syma	ture of a member or authorized representative of a member	-		Printed or type	d name of sig	nce
provisi the obl to merc	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided elv reflect a change in the registered office address, I h I in writing of this change, (III) Λ	ee to ac. perform I for in (iereby c	t in this cape ance of my o Chapter 605 onfirm that i	icity. I furthe luties, and I a , F.S. Or, if t the limited lia	r agree to im familiar his docume bility comp	comply with the with and accept ent is being filed oany has been
Signatu	re of Registered/Agent					