## 140000 41404

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
218 JACKSON LLC SUBJECT:	
Nar	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Irit Vizer	
Name of Person	
218 JACKSON LLC	
Firm/Company	
111 S Maitland Ave.	
Address	
Maitland, FL 32751	
City/State and Zip Code	<del></del>
teri@twochi.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	r, please call:
Irit Vizer	407 7949757
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	g 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 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: 218 JACKSO	N LLC				
2. (a)			(b)			
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  aitland Ave.		
	111 S Maitland Ave.		111 S M			
	Maitland, FL 32751	_	Maitland, FL 32751			
	3/12/2014	L14000041404				
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Vizer, Irit					
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	e:		
				-		
	Registered Office Address (MUST BE FLORIDA STREET.	<u> 4DDRE.</u>	<u>SS)</u>			
	218 Jackson Street			_ <u>Es</u>	19	
	Maitland . FI	3275	1	- <del>[</del> . ≥2	JUL 6	an 100 m.g
	7			- ۱۳۵۳ ۱۶۸ ۲۳۰ د در در در ۱		<u> </u>
(b)				APASSICI	5	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	iddress:	. <u>'</u>	PH	O
				ELEKIDA ELEKIDA	i∑: <b>®</b>	******
	NEW Registered Office Address:				-	
	111 S. Maitland Ave.					
			<del></del>	-		
	Maitland	3275	1	_		
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the repability of the li	gistered office company, it is mited liability	e and the business offi s hereby confirmed the y company or as other	ce of the at the ch wise pro	e registered nange(s)
-	ture of a member or authorized representative of a member		* * * * * * * * * * * * * * * * * * *			t est at
provisi the obl to mere	by accept the appointment as registered agent and agrous 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 do not in writing of this change.	ree to a perfor d for in hereby	ct in this cape mance of my e Chapter 605 confirm that i	acity. I further agree duties, and I am famil. 5, F.S. Or, if this docu the limited liability co	to comp iar with ment is mpany i	ny with the and accept beiny filed has been

Signature of Registered Agent