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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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: Joyful Julcin	g LLC		
2. (a)	1035 Collier Center Way # 10, Naples FL	(b	1035 Co	llier Center Way # 10, Naples FL
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	06/30/2014 Date of filing/registration in Florida	 - 4.	L140001	03803 Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of t Novatt, Jeff, Esq.	he Florida	Dept, of State	: 51
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	
	1415 Panther Lane, Suite 327			
	Naples, FL , FL	34109		5 5 F
(b)	Incorporating Services, Ltd.			
.,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	58 : 5
	Incorporating Services, Ltd.			
	NEW Registered Office Address:			
	1540 Glenway Drive			
	Tallahassee, FL, FL, FL	32301		
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of a ganization or the operating agreement of the	the regi ability co of the lim	stered office ompany, it is sited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
6:	fit T			Nicolas C Fina Printed or typed name of signee
I here provis the ob-	by accept the appointment as registered agent and agricus 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 do not not not not change.	ee to aci perform I for in (hereby c	t in this cape ance of my c Chapter 605 onfirm that i	noing I further names to comply with the

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