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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: J. Fallon, LL Name	e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Jana Hill Name of Person				
J. Fallon, LLC Firm/Company				
3339 Gilmore St. Address				
Jacksonville, Florida 3220 City/State and Zip Code	5			
E-mail address: (to be used for future annu	ual report notification)			
For further information concerning this matter, p	please call:			
Jana Hill	at (912) 227-0127			
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:				
♥\$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.

1. N	ame of the limited liability company:	LLC	· · · · · · · · · · · · · · · · · · ·		
2. (a)	J. Fallon, LL(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	(b) J. Fallon, LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	5222 Sunderland Rd.		5222 5	underland	Rd.
	Jacksonville, FL 32210			ville FL 3	
	Successive Saaro		2000	<u> </u>	<u> </u>
	8 lai 114		L140	00131160	
3.	Date of filing/registration in Florida	4.	Docume	nt number	· · ·
5. (a)	Registered Agent and Registered Office shown on the records of th	-	of State:		
	J. Fallon, LLC Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)			
	5222 Sunderland Rd.			20.00	
	Jacksonville , FL	32210			COMMAND STREET, STREET
(b)	Jana E Hill			Max W	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:		A B: 01 7: F: GAID	
	J. Fallon, LLC			D OU STATE CAUD,	
	NEW Registered Office Address:			25	
	3339 Gilmare St.				
	Jacksonville , FL	32205			
the cha agent v was/we	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registered pility compa the limited	d office and the ny, it is hereby of liability compan	business office of confirmed that the	the registered change(s)
Signa	Jana All		Jana Hil	typed name of signee	
I here provisi the obi to mer notifie	ture of a glember or authorized representative of a member by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change. Juma Juma	e to act in th erformance for in Chap ereby confiri			