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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Lilly Jac LLC Name of Limi				
Name of Limi	ted Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter t	o the following:			
Jennifer Ortega				
Jennifer Ortega Name of Person	. <u>. </u>			
Jennifer Ortega DMD PA Firm/Company				
201 Moray Ln Svite A Address				
Winter Park, FL 32792 City/State and Zip Code				
jortegadmdagmail. C E-mail address to be used for future innual report	notification)			
For further information concerning this matter, please ca	II:			
Jennifer Ortega at (Area Code & Daytime Telephone Number			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
S25 Filing Fee	S55 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. N	ame of the limited liability company:	Lilly Jac	ليا د		
2. (a)	Jennifer Ortern DMO PA	(b)	same as lo	、)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POS)	d liability comp	•
	201 Moray Ln				
	Winter Park, FZ 32792				
	812112014	<u>L</u> _	1400013176)	
3.	Date of filing/registration in Florida	4,	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept, of	State:		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		77	
	1200 South Pine Island Rd		 _	YON ZE	77
	Plantation F	L 35324		NOV 27	·
(b)	Jennike Over 9 Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		AH 2: 23	
	NEW Registered Office Address:	· - ·			
	201 Moray Ln.				
	Winter Park pas FI	L 32792	-		
the cha agent was/w	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited be are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of iability company, of the limited liab e limited liability	flice and the business of it is hereby confirmed the office company or as othe company.	fice of the re hat the chang erwise provid	gistered ge(s)
	Junt at	Ten	Printed or typed name of		
	ture of a member or authorized representative of a member				
provisi the obj to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this is performance of ed for in Chapter hereby confirm to	capacity. I further agree my duties, and I am fami 605, F.S. Or, if this doc hat the limited liability c	e to comply villar with and cument is being the company has	vith the d accept ng filed been
Signatu	ire of Registered Agent				