L14000192125

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ıme)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



100280208981

12/31/15--01007--023 **25.00

2015 DEC 31 P 4: 53
SECRETARY OF STAIR.

JAN O4 2015 BRUCE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 585 Employment Professionals, LL Name of Limited Liability Company	<u>C</u>	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Sean Skipper Name of Person		
Firm/Company 512 7th AVE 5 Address		
Jacksonville Beach, FL 32250 City/State and Zip Code	2015 BE SECRE TALLAH	
Sean. Skipper@yahoo.Lon_	FEC 31 F	-
E-mail address: (to be used for future annual report notification)		_
For further information concerning this matter, please call:	³⁷⁷ 5	
Sean Skipper at (904) 403-8193		
Name of Person Area Code & Daytime Telephone Num	iber	
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		

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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 Name of the limited liability company: (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 214000192625 3. NEW Registered Office Address: 32250 Tackson Ville Beach If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company, Signature of a member of authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapte in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent