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(Regue	stor's Name)			
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## COVER LETTER

	egistration Section . Fivision of Corporations				
SUBJEC	Jeremy Deabenderfer LLC				
SOBSEC		ime of Limited Lia	ability Company		
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered O	ffice Change and f	ce(s) are submitted for filing.		
Please ret	um all correspondence concerning t	his matter to the fo	ollowing:		
Jody Deab	ænderfer				
	Name of Person		_		
Jeremy De	abenderfer LLC				
	Firm/Company		_		
1141 E Tu	skawilla Pt				
	Address				
Winter Sp	rings, FL 32708				
	City/State and Zip Code				
jody@jdse	ellsflorida.com				
E-m	nail address: (to be used for future ar	nual report notific	cation)		
For furthe	er information concerning this matte	r, please call:			
Jody Deab	penderfer .	407 at (	312-36()4		
	Name of Person		Area Code & Daytime Telephone Number		
-	Aailing Address:		Street Address:		
	Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Callahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Inclosed is a check for the following	_			
	■ \$25 Filing Fcc		5 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.

lN	ame of the limited liability company:	inderfer LLC	
2. (a)		(b)	
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	114) E Tuskawilla Pt	1141 E Te	uskawilla Pt
	Winter Springs, FL 32708	Winter Sp	orings, FL 32708
	05/19/2015	£15000088	824
i.	Date of filing/registration in Florida	4.	Document number
5. (a)			
. (a)	Registered Agent and Registered Office shown on the record Jody Deabenderfer	s of the Florida Dept. of Stat	te:
	Registered Office Address (MUST BE FLORIDA STRE	FT ADDRESS	_
	F195 Black Walnut Ct	12. 7117171(12.13)	- 9
	Winter Springs	FL <sup>32708</sup>	2021 JUH - 1 AH 10: 19 TALLCAHASSPELFLORING
(b)	Enter name of NEW Registered Agent and/or NEW Register	1.055	
	Fine name of NEW Registered Agent and/or NEW Registe	ered Office address:	
	Jody Deabenderfer		AH 10: 19
	NEW Registered Office Address:		= IA 9
	1141 E Tuskawilla Pt		
	Winter Springs	32708	_
		FL	_
iange gent w as/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of the	the registered office and lliability company, it is rs of the limited liability he limited liability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in inpany.
Sionat	ure of a member or authorized representative of a member	Jody Deabenderf	Printed or typed name of signee
hereb rovisio ne obli mere otifica	ny accept the appointment as registered agent and const of all statutes relative to the proper and complegations of my position as registered agent as provide in the registered office address. In writing of this charge.	de pertormance at mix	acity. I further agree to comply with the