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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JJMACNEIL		
Name of Limit	ed Liability Company	
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:	
MARY JO MACNEIL Name of Person	·	
Firm/Company		
1728 WAKEFIELD Address	DR.	
BRANDON FL 335 City/State and Zip Code		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please call:		
MARY JO MACNEIL at (7) Name of Person	106) 969-9154 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. Na	me of the limited liability company:
2. (a)	M_{Λ}
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1728 WAKEFIELD DR
	BRANDON, FL 33511
	5/29/2015 L15000094498
3.	Date of filing/registration in Florida 4. Document number
5. (a)	CHEYENNE MOSELEY, US CORP AGENTS
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 WINDING OAK COURT A
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	TAMPA ,FL 33612 " = "
	TAMPA, FL 33612 MARY JO MACNETL Enter name of NEW Registered Agent and/or NEW Registered Office address:
(b)	MARY JO MACNEIL
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	1728 WAKEFIELD DR,
	NEW Registered Office Address:
	BRANDON ,FL 33511
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member MARY JO MACNEIL Printed or typed name of signee
I herel	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
the obl to mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed By reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
	mary of Margiel

DITTO TO WATER