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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

JESSIE JAMES INVESTMEN SUBJECT:	T GROUP LLC
	of Limited 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:
JESSIE INGRASSIA	~ -
Name of Person	
JESSIE JAMES INVESTMENT GROUP I	LLC
Firm/Company	<del></del>
1439 TAMMANY WAY	
Address	<del> </del>
PORT ORANGE, FL 3129	
City/State and Zip Code	
INGRASSIAJJ@AOL.COM	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, ple	ease call:
JESSIE INGRASSIA	386 214-8304
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 an	nount:
■ \$25 Filing Fee	☐ \$55 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.

a)			(	(b)		
	Principal office address of limited liabilit			. ,	N	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDI	<u>RESS</u> )				(Note: MAY BE POST OFFICE BOX)
	1439 TAMMANY WAY			1439	9 TAI	MMANY WAY
	PORT ORANGE, FL 32129			POF	RT O	RANGE, FL 32129
	6/11/2015			L1500	0010	)1844
	Date of filing/registration in Flo	 orida	- 4.			Document number
a)	JESSIE INGRASSIA					
. /	Registered Agent and Registered Office shown on 1439 TAMMANY WAY, PORT OF			•	of State:	:
	Registered Office Address (MUST BE FLOR		ADDRES	(S)		20
	1439 TAMMANY WAY	· · · · · · · · · · · · · · · · · · ·		<u>,</u>		2016 AUS -3 TALLAHASS
	PORT ORANGE		32129	`		<b>5 .</b>
			32123	,		7.32
		, FL		<i>-</i>		
		, FL	<u> </u>	) 		Eq. 1
o)		,				Eq. 1
o)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	,				Eq. 1
<b>o</b> )		,				
b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	,				Eq. 1
<b>)</b> )	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Office Address:</u>	,				Eq. 1
p)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	,				Eq. 1
))	Enter name of NEW Registered Agent and/or New Registered Office Address:  1439 TAMMANY WAY	,	l Office a	ddress:		Eq. 1
b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Office Address:</u>	,	32129	ddress:		Eq. 1
,	Enter name of NEW Registered Agent and/or N  NEW Registered Office Address: 1439 TAMMANY WAY  PORT ORANGE	EW Registered	32129	ddress:		PR 3: 46 E. FI ORIUM
e li	Enter name of NEW Registered Agent and/or N  NEW Registered Office Address:  1439 TAMMANY WAY  PORT ORANGE  mited liability company is not organized	EW Registered , FL	32129	ddress:	of Floor	orida, it is hereby confirmed that after
e li ha	Enter name of NEW Registered Agent and/or N  NEW Registered Office Address:  1439 TAMMANY WAY  PORT ORANGE  Imited liability company is not organized nge or changes are made, the Florida strevill be identical. Or, in the case of a Flori	FL under the laveet address of ida limited li	32129 ws of the fithe reg	e State of istered company	office, it is	orida, it is hereby confirmed that after and the business office of the register, hereby confirmed that the change(s)
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FILING FEE: \$25.00 INHS18 (2/14)