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COVER LETTER

L	ision of Corporations		
SUBJECT:	JLJ Wall Systems, LLC		
50000011		e of Limited L	iability Company
Dear Sir or M	Madam:		
The enclosed	d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning thi	s matter to the	following:
Juan Cast	rillon		
	Name of Person		
JLJ Wall S	Systems, LLC		
	Firm/Company		_
980 Sunsh	nine Lane, Suite S		
	Address		_
Altamonte	Springs, FL 32714		
	City/State and Zip Code		-
swhite@jlj			
E-mail	address: (to be used for future annu	ual report notif	ication)
For further in	nformation concerning this matter,	please call:	
Sharon Wi	nite	407 at (636-4650
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi Clift 2661	Registration SectionRegistrationDivision of CorporationsDivision orClifton BuildingP.O. Box 6		AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
Encl	losed is a check for the following	amount:	
☑ \$2	25 Filing Fee	□ \$5	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.

1. Na	ame of the limited liability company: JLJ Wall Syst	tems, LLC	· · · · · · · · · · · · · · · · · · ·		
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)	0.	980 Sunshine Lane, Suite S Altamonte Springs, FL 32714		
	980 Sunshine Lane, Suite S	9i			
	Altamonte Springs, FL 32714	_ A			
	07/15/2015	L1	5000123864		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	JLJ Wall Systems, LLC				
(u)	Registered Agent and Registered Office shown on the records of	the Florida De	ot. of State:		
	Juan Castrillon				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	····		
	2508 Peterson Road		 		
	Apopka , FL	32703 SS 5 T			
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres			
	NEW Registered Office Address:		<u> </u>		
	980 Sunshine Lane, Suite S				
	Altamonte Springs , FL	32714			
he changent was/we he arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the muture of a member or authorized representative of a member	the register ability comp of the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. Castrillon Printed or typed name of signee		
I-Kerei provisi he obl o mere notified	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I it in writing of this change.	ree to act in a performance of for in Chaphereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been		
Signatu	re of Registered Agent				