45000183692

(Requestor's Name)						
(Negacitor a Harrie)						
(C.H.)						
(Address)						
(Address)						
(6) (6) (7)						
(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



400336772004

11/16/13--01022--021 **25.00

ZOUNOV 18 AMII: 55

Y SULLING CEC 1 6 201J

COVER LETTER

TO:	Registration Section Division of Corporations						
CHDI	JR HOLDINGS OF PALM BEACH						
SUBJI	Name 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:							
ROB	ERT PALLADINO						
	Name of Person		_				
JR HOLDINGS OF PALM BEACH LLC							
	Firm/Company		_				
4432	HICKORY DRIVE						
	Address						
PALN	M BEACH GARDENS FL 33418						
	City/State and Zip Code		_				
SELL	.4YOU@BELLSOUTH.NET						
E	E-mail address: (to be used for future ann	ual report notifi	cation)				
For fu	ther information concerning this matter.	please call:					
ROB	PALLADINO	561	302-7457				
	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	Reg Div P.O	istration Section ision of Corporations . Box 6327 :ahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$5.	5 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.

	ame of the limited liability company: 4432 HICKORY DRIVE		OF PALM BEACH AND PO BOX 30582		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	PALM BEACH GARDENS FL 33418	-	PALM B	EACH GARDENS FL 33420	
	10/29/2015	-	L1500018	33692	
3. (a) (b)	Date of filing/registration in Florida GY CORPORATE SERVICES INC	4.	Document number		
	Registered Agent and Registered Office shown on the records of the 777 S. FLAGLER DRIVE	e Florida	Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET AL STE 500E	ODRESS	<u>)</u>	201 SE JALI	
	WEST PALM BEACH	3401		FIL 2019 NOV 18 SECRETARY ALL AHASSE	
	ROB PALLADINO				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office ad	<u>dress</u> :	OF STA	
	4432 HICKORY DRIVE			. 55 RIDA RIDA	
	NEW Registered Office Address:				
	PALM BEACH GARDENS FL 3	3418		-	
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere a	he reginate of the limited in the li	stered office ompany, it is sited liability liability com	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Signa	ture of a member or authorized representative of a member	<u> </u>	B PALLAI	Printed or typed name of signce	
I here provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p ignitions of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	erform	ance of my i	acity. I further agree to comply with the duies, and I am familiar with and accept	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent