## 416000097607

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

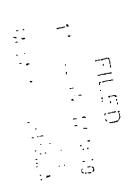
Office Use Only

2017 AUG 14 PH SP 46



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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	ENTIRELY NEW AND YOU	U LLC					
	Name of Limited Liability Company						
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered Of	fice Change a	and f	ee(s) are submitted for filing.			
Please	e return all correspondence concerning t	his matter to t	the fo	ollowing:			
JB F	котн						
	Name of Person			_			
ROT	H LAW FIRM PL						
	Firm/Company			_			
6100	GREENLAND RD., SUITE 604						
	Address	_		_			
JAC	KSONVILLE, FL 32258						
	City/State and Zip Code			_			
JB@	ROTHLAWFIRM.NET						
	E-mail address: (to be used for future an	nual report no	otific	cation)	-1		
For fu	orther information concerning this matte	r, please call:			5		
JB R	отн	90 <b>4</b>		595-7900	:-		
	Name of Person		-	Area Code & Daytime Telep	hone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the followin	g amount:					
	<b>☑</b> \$25 Filing Fee	0	\$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.

I. Na	ame of the limited liability company: ENTIRELY N	EW AND	YOU LLC		
2. (a)	228 N. CHECKERBERRY WAY	(b) 2	28 N. CHECKER	CHECKERBERRY WAY  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (-, <u>-</u>	_		
	SAINT JOHNS, FL 32259	_ <u>s</u>	AINT JOHNS, FL	32259	
	05/18/2016	– – 	6000097607		
3.	Date of filing/registration in Florida	4.	Document n	umber	
5. (a)	ROTH LAW FIRM PL				
	Registered Agent and Registered Office shown on the records of to 234 CANAL BLVD	ot, of State:			
	Registered Office Address (MUST BE FLORIDA STREET A				
	PONTE VEDRA BEACH FL	32082			
(b)	ROTH LAW FIRM PL		^ 		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	<u></u> <u>s</u> :	-7		
	6100 GREENLAND ROAD				
	NEW Registered Office Address:		<del></del>	1.7	
	SUITE 604				
	JACKSONVILLE, FL_	32258		:· O	
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the register ability comp of the limited	ed office and the busi any, it is hereby conf I liability company or	ness office of the registered irmed that the change(s)	
_		JEAN	B ROTH, AUTH.	REPRESENTATIVE	
Signa	ture of a member or authorized representative of a member		Printed or type	d name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agrins of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act in performanc I for in Cha iereby confi	this capacity. I furthe e of my duties, and Le pter 605, F.S. Or, if i rm that the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
Signatu	of Registered Agent				
-	~~~~ ·				