## L16000101553

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## COVER LETTER

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TO: Registration Section Division of Corporations							
JW Decor SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning	this matter to the following:						
Julie Wettstein							
Name of Person							
JW Decor							
Firm/Company							
1800 Via Palermo							
Address	<del></del>						
Winter Park, FL 32789							
City/State and Zip Code	·						
JWDecor@icloud.com							
E-mail address: (to be used for future a	nnual report notification)						
For further information concerning this matter	er, please call:						
Julie Wettstein	713 302-1640 at ()						
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 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)	1800 Via Palermo	1800 Via Palermo			
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Winter Park, Ft. 32789	_ (*	Ŋ	-	limited liability company:  E POST OFFICE BOX  39
	May 24, 2016		L1600010	01553	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida INCORP Services, INC.	4.		Document nun	nber
J. (a)	Registered Agent and Registered Office shown on the records of the 17888 67th Court North	he Florida	Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	-	
	Loxahatchee, , FL	33470		<b>-</b> -	ALL:
(b)	Julie Wettstein				SVHV.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	iress:	_	SEE
	1800 Via Palermo				FS TO
	NEW Registered Office Address:			-	A RIDA
	Winter Park, FL	32789		-	
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the turn of a member or authorized representative of a member on authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have the office address of the confidence of the change.	the regis ability co if the lim limited l	stered office ompany, it is ited liability iability con	e and the business hereby confirming company or a mpany.  Printed or typed to specify. I further	ess office of the registered med that the change(s) as otherwise provided in name of signee

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

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