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	COVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: Julius Caesar, LLC	Jame 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:		
Caesar J. Balzotti, Jr.			
Name of Person	,		
Julius Caesar LLC			
Firm/Company	<u> </u>		
36 Alexandra Road			
Address			
Lynnfield, MA 01940	I		
City/State and Zip Code	1. 1. C 1.		
caesarjr@balzottiglobal.com			
E-mail address: (to be used for future	annual report notification)		
For further information concerning this matt	 tcr, please call:		
Caesar J. Balzotti, Jr.	781 471-5010 x102		
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	ing 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	ame of the limited liability company:	Julius Caesa	ar, LLC			
2. (a)			(b)		
, ,	Principal office address of limited li (Note: MUST BE STREET)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1101 Brickell Avenue, S-800			1101 Bri	ckell Avenue, S	-800
	Miami, FL 33131		-	Miami, F	L 33131	
	6/28/2016	 - 		L160001	24398	
3.	Date of filing/registration in	n Florida	4.		Document number	•
5. (a)						
J. (a)	Registered Agent and Registered Office sho	wn on the records o	f the Florida	Dept. of State	• ::	
	InCorp Services, Inc.	ĺ				
	Registered Office Address (MUST BE F	LORIDA STREET	ADDRESS	<u> </u>	-	
	17888 67TH COURT NORTH	 				
	LOXAHATCHEE	, FI	33470		•	<u>일</u>
					•	S A
(b)		lt .			-	FILE SEP 18
	Enter name of <u>NEW Registered Agent</u> and	or <u>NEW Registere</u>	d Office add	iress:		P 18 PI
	Caesar J. Balzotti, Jr.					A SED 18 BH 1: 08
	NEW Registered Office Address;			· · · · ·	•	
	1101 Brickell Avenue, S-800					9
	Miami] 	33131			
		Į				
the cha agent v was∆we	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	street address of florida limited l of the members	f the regis iability co of the lim	tered office mpany, it is ited liability	e and the business of shereby confirmed y company or as of	office of the registered that the change(s)
()	ayah Basalth			sar J. Ba		
Signa	ture of a member or authorized representative	of a member			Printed or typed name	of signee
provisi the ohl to merc totlfied	by accept the appointment as register ons of all statutes relative to the projections of my position as registered ely reflect a change in the registered in writing of this change	ed agent and agent and agent as provide office address, I	ree to act e performa ed for in C hereby co	in this cape ince of my c hapter 605 infirm that t	acity. I further agr luties, and I am far , F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept scument is being filed company has been