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(Re	equestor's Name)	
		
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J. HARRIS

$COVER\ LETTER_{\alpha}$

TO: Registration Section Division of Corporations	
SUBJECT:Name o	J. 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 n	natter to the following:
- HANUS BETTY Name of Person	ati_
Jodies III	
4121 NW 104 HERE	24CE
CAKLAND PARE FC City/State and Zip Code	33309
E-mail address: (to be used for future annual	CC COV) Treport notification)
For further information concerning this matter, ple	ease call:
Name of Person	at (<u>494</u>) <u>\$29 - 0858</u> 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 ar	mount:
\$25 Filing Fee	☐ \$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. N	ame of the limited liability company:	<u>C</u>		
2. (a)	2403 CAESTUROD TERRITE (b)	SAME		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		mited liability company: <u>POST OFFICE BOX</u>)	
	2903 Crestwood FERRAGE SAM	E		
	MARGATE, IR 33063			
	07/15/2016 L16	0013	3473	
3.	3	Document numb	per	
5. (a)	JANUS BANATI			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	A121 NII) 16th tono		~3	
	CAN DAY			
	UARCAND PARK FL 35:55)		
(h)	TANISK RANIATI		•	
(11)	Enter name of NEW Registered Agent and/or NEW Registered Office address.		. :	
	A171 1 1644 1 1 -			
	NEW Registered Office Address:		5 I	
	121 NW 10th TERRACE			
	CAKLAND PARK FL 33309			
tne cha agent v was/we	imited liability company is not organized under the laws of the State of Flonge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability company.	and the business hereby confirme company or as o	s office of the registe ed that the change(s)	red
		HANOS	BANATI	
	ure of a member or authorized representative of a member	Printed or typed nar	_	,
provisi the obli to mere	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ly reflect a change in the registered office address. I hereby confirm that to I in writing of this change.	uties, and I am f	amiliar with and acc	em
Signatui	re of Registered Agent			
	Division of Corporations P.O. Box 6327 Tallahass FILING FEE: \$25.00	ee, FL 32314		
	* * * * * * * * * * * * * * * * * * *			