## L16000175075

(Requestor's Name)							
(Address)							
(Address)							
(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



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D. SCOTT AUG 1 6 2017

## **COVER LETTER**

то:	Registration Section Division of Corporations						
SUBJ	The Journey Junkie LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The cr	iclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing	<b>}</b> .			
Please	return all correspondence concerning th	is matter to	the following:				
Allisc	on Van Fossen						
	Name of Person						
	Firm/Company		<del></del>				
1440	Horizon Road						
	Address		<del></del>				
Venic	ce, FL 34293						
	City/State and Zip Code			· :			
allie@	thejourneyjunkie.com			•			
- I	E-mail address: (to be used for future and	nual report n	otification)				
For fu	rther information concerning this matter,	please call:					
Alliso	n Van Fossen	386	852 - 6382	· -			
	Name of Person		Area Code & Daytime Tele	phone 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			1 \$55 Filing Fee & Certified Cop	y			

## 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: The Journey					
2. (a)	Principal office address of limited liability company:	<del></del>	(b)	Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)		4.440.11-	(Note: MAY BE POST OFFICE BOX)		
	1440 Horizon Road		1440 Ho	rizon Road		
	Venice, FL 34293		Venice,	FL 34293		
	02/24/2017		L1600017	75075		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Allison C Van Fossen					
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept of State					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>			
	1321 Serpentine Drive S					
	St Petersurg	3370	5	•		
(b)	Allison C Van Fossen					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		
	NEW Registered Office Address:			-		
	1440 Horizon Road					
	Venice Fig. 7	3429	3			
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regiability of the limited	gistered office company, it i mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.		
l here provis the ob to mer	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	ree to a perfor ed for in hereby	ct in this cap mance of my Chapter 603 confirm that	acity. I further agree to comply with the		

Signature of Registered Agent