L16000233774

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COVER LETTER

Division of Corporations	
SUBJECT: FN Jersey Girl, LLC	ed Liability Company
Name of Limit	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Daniel Cohen Name of Person	<u></u>
Fishing Vessel Endaprises, Inc. Firm/Company	2010
6301 Colling Avenue Apt 2800 Address	MI APR 27 P
Miami Beach, Fl 33141 City/State and Zip Code	—— STEWARD A
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	1:
Rich Starture at 60	
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: FN Jersey	, Girl, LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Port Charlotte, FI 33952		
		12/3/16	L1600	0233774
3.		Date of filing/registration in Florida 4.		Document number
5.	(a)	Daniel Cohen		-
		Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of State	2:
		154 Easton Dr. NW		-
		Registered Office Address (MUST BE FLORIDA STREET ADDR	<u>(ESS)</u>	
		Port Charlotte , FL 33	952	Card Card Card Card Card Card Card Card
	(b)	Daniel Colven		2 2
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	e address:	The state of the s
		6301 Colling Avenue Apt # 280	57	
		NEW Registered Office Address:		
				-
		Miami Beach, FL 3	3141	-
the age	cha ent w s/we	mited liability company is not organized under the laws of nge or changes are made, the Florida street address of the millibe identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the cles of organization of the operating agreement of the limit	registered office y company, it is limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
À		and the	Daniel	Cohen
	_	ure of a member or authorized representative of a member		Printed or typed name of signee
IV pro the to no	ierel ovisi obli nere tified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perficiency of the proper and complete perficiency of my position as registered agent as provided for ly reflect a change in the registered office address, I hereld in writing of this change?	act in this cap ormance of my in Chapter 605 by confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
STE	natui	e of Registered Agent		