L17000046728

(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:				
Special instructions to 1 ming officer.				

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations #				
, SUBJEC	J. Edward's Studio LLC				
Name of Limited Liability Company					
Dear Sir	or Madam:				
The encle	osed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please re	turn all correspondence concerning th	is matter to th	ne following:		
Jessica	M Ferrer				
	Name of Person				
J. Edwa	ard's Studio LLC				
	Firm/Company				
2312 C	ypress Cove, Suite 102				
	Address				
Wesley	Chapel, FL 33544				
	City/State and Zip Code		· 		
jedward	dsstudio@outlook.com				
E-m	nail address: (to be used for future ann	ual report no	tification)		
For furthe	er information concerning this matter,	please call:			
Jessica	M Ferrer	813	728-0634		
	Name of Person	(Area Code & Daytime Telephone Number		
s	STREET/COURIER ADDRESS:	į	MAILING ADDRESS:		
R	Registration Section	I	Registration Section		
	Division of Corporations		Division of Corporations		
	Clifton Building		P.O. Box 6327		
	661 Executive Center Circle allahassee, Florida 32301	7	Γallahassee, Florida 32314		
E	Enclosed is a check for the following	amount:			
Þ	\$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. N	ame of the limited liability company: J. Edward's S	Studio LLC			
2. (a)	Jessica M Ferrer	ssica M Ferrer			
()	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)		
	15241 N Dale Mabry Hwy, Studio 8	10	507 N 50th St		
	Tampa, FI 33618	Tai	Tampa, FL 33617		
	2/28/2017	L17(000046728		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	J. Edward's Studio LLC				
5. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:		
	Jessica M Ferrer				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>4DDRESS)</u>			
	15241 N Dale Mabry Hwy, Studio 8				
	Tampa	33618	*		
	,	' _	_		
(b)	J. Edward's Studio LLC				
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	HAR 14		
	Jessica M Ferrer		PH CONTROLL CONTROL CONT		
	NEW Registered Office Address:				
	2312 Cypress Cove, Suit 102		 등 시간 기가		
	Wesley Chapel, FL	33544			
the cha agent was/w the art Signa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the atture of a member or authorized representative of a member by accept the appointment as registered agent and agricular 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 registered ability compared the limited I	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signee is canacity. I further agree to comply with the		