117000098542

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number	<u> </u>			
Certified Copies					
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330 RELIABLE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JHSelfDir, LLC		
Nan	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Joe Hunter		
Name of Person		
JHSelfDir, LLC		
Firm/Company		100 d
13799 PARK BLVD, SUITE 205		過過
Address		FILEU RASI
SEMINOLE, FL 33776		E3 4
, City/State and Zip Code		夏帝 百
GTSHoldings31@gmail.com		
E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter,	, please call:	
JOE HUNTER	727 798-9999 at (
Name of Person	Area Code & Daytime Telephon	e 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. N	Ime of the limited liability company: JHSelfDir, LL	С		
2. (a)	13799 Park Blvd, Suite 205	(b) 13799 Park Blvd, Suite 205		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	of limited liability company: BE POST OFFICE BOX)
	Seminole , FL 33776		Seminole , FL 337	76
	05/03/2017	– – L1	7000098542	
3.5. (a)	Date of filing/registration in Florida JOE HUNTER	4.		Document number
J. (u)	Registered Agent and Registered Office shown on the records of to 13799 Park Blvd, Suite 205 Registered Office Address (MUST BE FLORIDA STREET A		pt. of State:	
	Seminole , FL	33773		
(b)	Joe Hunter			10000000000000000000000000000000000000
(6)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>ss</u> :	聖言し
	13799 PARK BLVD SUITE 205			FILED M 3-1
	NEW Registered Office Address:			100 mg
	SEMINOLE , FL	33776	<u> </u>	
the cha agent v was/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register ability comp of the limite limited liab	ed office and the bust pany, it is hereby conf d liability company or	iness office of the registered firmed that the change(s)
Signa	ture of a member or authorized representative of a member	-		ed name of signee
I here provisi the obl to mero notified	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have the change in the registered office address, I have the change in the registered office address.	ee to act in performand I for in Cha iereby conf	this capacity. I furth e of my duties, and I pter 605, F.S. Or, if irm that the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been
Signatu	Joseph Hunter rgof Registered Agent			