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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-280|3 Phone : (855)330·l010 Fax Number

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LLC REGISTERED AGENT CHANGE 821 JEFFORDS, LLC

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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. No	time of the limited liability company: 821 JEI	FFORL	OS, LLC
2 (9)	90 ELM DR.		90 ELM DR.
(6)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company. (Note: MAY RE POST OFFICE BOX)
	ROSLYN, NY 11576		ROSLYN, NY 11576
	05/09/2017		_17000103566
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	florida registered agent	~	<u></u>
,,	Registered Agent and Registered Office shown on the records 3030 N.Rocky Point Dr. Registered Office Address <u>OULST BE FLORIDA STREA</u>		
	suite 150A		18
	TAMPA	FL 33607	JAN
(h)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 3030 N. Rocky Point Dr. NEW Registered Office Address: STE 150A	ered Office ad	38 PM 2: 49 SSEE. FLORIOA
	Tampa	, FL33607	
the ch agent was/w the ar	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membericles of organization or the operating agreement of	e laws of the is of the regi- ed fiability ec- ers of the lim the limited	State of Florida, it is hereby confirmed that after eted office and the business office of the registered papary, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
I here provis the ob- to me	ature of a member or authorized representative of a member ely accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as provide reflect a change in the registered office addressed in spring of this change. Bill Havre - Assis	vided för in (s, 1 hereby c	in this capacity. I turther agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, it this document is being filed onfirm that the limited liability company has been
Signal	ure of Registered Agent	-	
	Division of Corporations P.	O. Box 632	7 Tallahassec, FL 32314

FILING FEE: \$25.60