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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: J22 Design Stud	do LLC ed Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Jennifer Twoze Name of Person				
Firm/Company				
20100 JGC Blvd.				
Na ples FL 34109 City/State and Zip Code				
J. 1007ed ISian @ amail. E-mail address: (to be used for future annual report in	LOM notification)			
For further information concerning this matter, please call	:			
Jennifer Tooze at (2) Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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: 122	Design	Studio LLC	
2. (a)	2060 JEC Blud	(b)		
2. (a)	Principal office address of limited liability company:		Mailing address of limited liabilit	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFIC	<u>CE BOX</u>)
	Naples FL 34109			
	3/7/18	<u>Ll</u>	7000133138	
3.	Date of filing/registration in Florida	4.	Document number	_
5. (a)	AMBER TODO			
	Registered Agent and Registered Office shown on the records of the	he Florida Dept, of St	ate:	
			701	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)) }
	2060 JGC BIVOL 185	ol Græn	Meadow Rd	; I
	Naples Fort Myers . FL	34109		
	lass B. Ton-			P : : : : : : : : : : : : : : : : : : :
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<u> </u>	∴ ∴ ∴ ∴
	Effet flame of MEW Registered Agent and/or MEW Registered	Office address.		ω
	NEW Registered Office Address:		_	
	2060 JGC Blvd			
	Maples , FL	34104		
If the li	mited liability company is not organized under the law	s of the State of F	lorida, it is hereby confirmed	that after the
change	or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial	registered office a	nd the business office of the	registered
was/we	re authorized by an affirmative vote of the members of	f the limited liabil	ity company or as otherwise i	provided in
tne ara	cles of organization or the operating agreement of the l	imited hability co	Impany.	
Signat	are of a member or authorized representative of a member		Printed or typed name of signee	
provisie the obli to mere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this thange.	performance of mi	i duties-ånd Lam familiar wi	th and accent
Signatur	e of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00