11700145429

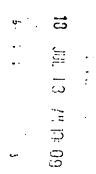
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



800315591178

07/13/18--01018--014 **25.00



JUL 2 1 2019

S. PRATHEF

COVER LETTER

Division of Corporations					
Jewels by Sharon, LLC	Jewels by Sharon, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter t	o the following:				
Sharon Sapp					
Name of Person					
Jewels by Sharon, LLC					
Firm/Company					
3122 Mahan Drive, Suite 801-220					
Address					
Tallahassee, FL 32308					
City/State and Zip Code					
jewels.bysharon.llc@gmail.com					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please ca	11:				
Sharon Sapp 85	0 345-0250				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

TO: Registration Section

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

l. Ni	une of the limited liability company:	aron, Ll	LC		
2. (a)	3122 Mahan Drive, Suite 801-220	(b) 3122 Mahan Drive, Suite 801-220			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited lia (Note: MAY BE POST Of	
	Tallahassee, FL 32308		Tallaha	issee, FL 32308	
	July 6, 2017		 L170001	145429	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Sharon Sapp				
. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	2	_	∷
	2108 Palace Place				
	Tallahassee FL	32309			<u> </u>
.1.	Not applicable				ـ ω
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	Ę
					; C
		·		_	Ċ
	NEW Registered Office Address:				
	3122 Mahan Drive, Suite 801-220				
	Tallahassee FI.	32308			
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability co of the fim limited l	stered offi ompany, it iited liabil iability co	ce and the business office is hereby confirmed that ity company or as otherw impany.	of the registered the change(s)
<u> </u>	ture of a member or authorized appresentative of a member	Sha	aron Sap	<u></u>	
				Printed or typed name of sig	_
provisi the obl to mere notified	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I if in writing of this change.	ve to act perform d for in (hereby co	in this ca ance of m Chapter 60 onfirm tha	pacity. I further agree to y duties, and I am familia 15, F.S. Or, if this docum t the limited liability com	comply with the r with and accept ent is being filed pany has been
<u> </u>	ian M. Saga				

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

Signature of Registered Agent