L17000161052

(Requ	uestor's Name)			
(Addr	ess)			
(Addr	ess)			
(City/	State/Zip/Phone #	f)		
PICK-UP	WAIT	MAIL		
		<u> </u>		
	_			
(Busi	ness Entity Name)		
(Doci	ument Number)			
0-40-4-0-4-	Cardiff and a	f Chabina		
Certified Copies Certificates of Status				
Special Instructions to Fi	ilina Officer:			
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Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations			
SURJE	103RD STREET LIQUOR G	ENTLEMEN	'S CLUB, LLC	
SUBJECT: Name of Limited Liability Company				
Dear Si	ir or Madam:			
The en	closed Registered Agent/Registered Offi	ee Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning thi	s matter to the	following:	
ULYS	SSES D FINDLEY			
· · · · · ·	Name of Person		_	
WES	TSIDE RENTALS, LLC			
	Firm/Company			
4611	ST JOHNS AVE			
	Address			
JACK	SONVILLE, FL 32210			
	City/State and Zip Code			
—— <u>—</u>	-mail address: (to be used for future ann	ual report notif	ication)	
For fur	ther information concerning this matter,	please call:		
К МА	RK KALEEL CPA	904 at (655-8686	
	Name of Person		Area Code & Daytime Telephone 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	□ S5	55 Filing Fee & Certified Copy	
INHS18	8 (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.

l. Na	me of the limited liability company: 103RD STRE	EET LIQUOF	R GENTLEMEN'S CLUB, LLC
2. (a)	10731 103RD STREET	 (b) 46	11 ST JOHNS AVE
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32210	JA	CKSONVILLE, FL 32210
	JULY 27, 2017	L17	000161052
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ULYSSES D FINDLEY		
	Registered Agent and Registered Office shown on the records of 9120 JENNIFER BLVD	f the Florida Dept.	of State;
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS _I	
	JACKSONVILLE, FI	32222	2017
(b)	SAME		2017 SEP -1 PM 12: 00 PAIL ANASSEE FI OPID
• /	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	4611 ST JOHNS AVE		PH IZ
	NEW Registered Office Address:		
	JACKSONVILLE	, 32210	
If the l	imited liability company is not organized under the la	ws of the State	e of Florida, it is hereby confirmed that after
agent v was/w	inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited Fere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iability compa- of the limited !	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
<u> </u>		ULYSS	ES D FINDLEY
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis: the obi to mer	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to act in the performance ed for in Chap. hereby confiri	us capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed m that the limited liability company has been