Ĺ17000 171 953

(Requestor's Name)				
(Ad	fdress)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
☐ PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Certified Copies	_ Centificates	OI Otatus		
Special Instructions to	Filing Officer:			
<u> </u>				

Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations					
J. Feldman LLC					
Name of Limited 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 n	natter to the following:				
Jay Feldman					
Name of Person	······				
Firm/Company					
612 N Gomez Ave					
Address	·				
Tampa, FL 33609					
City/State and Zip Code					
jayfeldman94@gmail.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plo	ease call:				
Jay Feldman	224 723-0245				
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 an	iount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

	ame of the limited liability company: 5.1 eldinair Li	J. Feldman LLC		
2. (a) <u>[</u>	Principal office address of limited liability company:	(b) Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	612 N Gomez Ave		612 N C	Somez Ave
	Tampa, FL 33609	_	Tampa,	FL 33609
	08/11/2017		L170001	71953
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Star	2019 AUG 15 STALL AHA
	Jay Feldman			AS E T
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	1	
	2306 W Fig St, Apt 4			- 5 T
	Tampa	33609		
	, FL			_ grand
(b)				5 S
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	iress:	-
		-		
	Jay Feldman			
	NEW Registered Office Address:	<u> </u>		_
	612 N Gomez Ave			_
	Tampa	33609		
				ur.
	imited liability company is not organized under the la- inge or changes are made, the Florida street address of			
agent v	will be identical. Or, in the case of a Florida limited li	ability co	mpany, it i	is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the			
	LUL.	_	Feldmar	• •
Signa	thre of a member or authorized representative of a member			Printed or typed name of signee
I Here	by accept the appointment as registered agent and agr	ree to act	in this car	pacity. I further agree to comply with the
provisi	ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	performe	unce of my	duties, and I am familiar with and accept
to mer	ely reflect a change in the registered office address, I	hereby co	onfirm that	the limited liability company has been
noujjei	d in writing of this change.			
Signatur	hy of Peristaned Apont			