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COVER LETTER

TO: Registration Section Division of Corporations PEACE LOVE OF DUVAL LLC SUBJECT: 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 matter to the following: YEHIA FREEMAN Name of Person PEACE LOVE OF DUVAL LLC Firm/Company 4206 BAYMEADOWS RD Address JACKSONVILLE, FL 32217 City/State and Zip Code CHOCORUA777@ICLOUD.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 961-4071 YEHIA FREEMAN Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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.

	ame of the limited liability company: PEACE LOVE OF DUVAL LLC		(b) PEACE LOVE OF DUVAL LLC			
±. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	15295 NE US HIGHWAY 301		4206 B.	AYMEADOWS RD		
	WALDO, FL 32694	_	JACKS	CKSONVILLE, FL 32217		
	JULY 27, 2020		L170001	86578		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	TERENCE N. THURSON					
(b)	Registered Agent and Registered Office shown on the records of the TERENCE N THURSON	ie Flor	da Dept. of S	State:		
	Registered Office Address (MUST RE FLORIDA STREET A	DDRE	<u>SS)</u>	202		
	8810 CORPORATE SQ CT STE 107					
	JACKSONVILLE FL	DDRESS) FACTARY OF AM S2216				
	YEHIA FREEMAN			OF ST/SEE. F		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	YEHIA FREEMAN					
	NEW Registered Office Address:					
	4206 BAYMEADOWS RD			<u> </u>		
	JACKSONVILLE . FL	32217				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egiste oility `the l imited	ered office company, mited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.		
Signat	ture of a monitor on authorized representative of a member	_		Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to a erfor for ir ereby	ct in this c mance of n Chapter (confirm th	rapacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been		

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

Signature of Registered Agent