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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323) 962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

0 Email Address: C.

## LLC REGISTERED AGENT CHANGE CHRISTOPHER J CONNOR, LLC

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## COVER LETTER

2018-11-08 05.43:53 PST

TO: Registration Section Division of Corporations				
CHRISTOPHER J CONNOR, LL	.C			
	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this mar	tter to the following:			
Cheyenne Moseley				
Name of Person	<del></del>			
Legalzoom.com, Inc.				
Firm/Company				
101 N. Brand Blvd., 10th Floor				
Address				
Glendale, CA 91203				
City/State and Zip Code				
Norwayconnor@gmail.com				
E-mail address: (to be used for future annual re	epoπ notification)			
For further information concerning this matter, please	se call:			
Cheyenne Moseley at	800 773-0888 ext 9724			
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	□ \$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

1. Na	ame of the limited liability company:	CHRISTOPHE	3 J CONN	OR, LLC	
2. (a)	450 Ocean Drive, Apt. #1203		(b)		
2. (u)	Principal office address of limited li (Note: MUST BE STREET)		(0)	Mailing address of limited liability company:  Note: MAY BE POST OFFICE BOX)	
	Juno Beach, FL 33408	<del></del>			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	10/26/2017		L170	000222142	
3.	Date of filing/registration is	n Florida	4.	Document number	
5. (a)	Tracy Connor				
•	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	450 Ocean Drive, Apt #1203				
	Registered Office Address MUST RE FLORIDA STREET ADDRESS			8	
	Juno Beach	, FL_3	3408	8 NOV -8 AM 3: 00	
		, FL		- II	
(b)	UNITED STATES CORPORA	TION AGENTS,			
Finter nume of NEW Registered Agent and/or NEW Registered Office address:					
	13302 WINDING OAK COUP	A DA			
	NEW Registered Office Address:				
				<del></del>	
	TAMPA	, FL_3	3612		
the cha agent v	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a	rized under the laws a street address of the Florida limited liab t of the members of the	of the State e registered lity compan he limited li		
Signa	ture of a member or authorized representative	e of a member	11009 01	Printed or typed name of siguee	
I hare provisi the obj to mer notifie	by accept the appointment as registe ons of all statutes relative to the pro ligations of my position as registered ely reflect a change in the registered	red agent and agree per and complete pe agent as provided j affice address, I he	to act in thi rformance o or in Chapte reby confirm	is capacity. I further agree to comply with the off my duties, and I am familiar with and accept for 605. F.S. Or, if this document is being filed a that the limited liability company has been	