L18 000000 4393

(Req	uestor's Name)	_	
(Add	lress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT WAIT	MAIL	
(Bus	iness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer;			





500346100015

06/15/20--01020 -001 ******./5.00



JUL 09 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	•
Jenise Lebron, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Jenise Lebron	
Name of Person	
Jenise Lebron, LLC	
Firm/Company	
1534 Presidio Drive	
Address	
Clermont, FL 34711	
City/State and Zip Code	
jenisesellshomes@gmail.com	
E-mail address: (to be used for future annual i	report notification)
For further information concerning this matter, plea	ase call:
Jenise Lebron	407 625-3065 1 ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
■ \$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 Florida.

Na	me of the limited liability company: Jenise Lebron, LI	LC	· · · · · · · · · · · · · · · · · · ·
(a)	1534 Presidio Drive	(b) l	534 Presidio Drive
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clermont, FL	C	Clermont, FL
	34711		4711
	01/01/2018	Ll	8000004393
	Date of filing/registration in Florida	4.	Document number
(a)	Jenise Lebron		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Do	ept. of State:
	9424 Torrington Avenue		2820
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	20 TI
		22017	\$
	Orlando Fl		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	7. 22
	NEW Registered Office Address:		
	1534 Presidio Drive		
	Clermont , FI	L	
ange ent v as/w e aft	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered (ability composition of the limite	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company. Lebron
Signa	rife of a member or authorized representative of a member		Printed or typed name of signee
7	/		
here rovisi ne ob mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change.	ree to act in performanced for in Cha hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

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