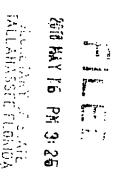
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(Requestor's Name) (Address)							
							(Address)
(City/State/Zip/Phone #)							
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HAY 18 2015 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Jilliansays! LLC	Jilliansays! LLC Name of Limited Liability Company					
Dear Si	r or Madam:						
The enc	losed Registered Agent/Regis	tered Office Char	nge and fi	ee(s) are submitted for filing.			
Please r	eturn all correspondence conc	erning this matter	r to the fo	ollowing:			
Jillian	A. Schumm						
	Name of Pers	on		_			
Jillians	says! LLC						
	Firm/Compar	ıy		_			
РО Во	ox 2962						
	Address			_			
Winter	Park, FL 32790						
	City/State and Zi	p Code		-			
jillian	@jilliansays.com	jillian 🙆	jilliar	nsays.com			
E-	mail address: (to be used for f	uture annual repo	ort notific	cation)			
For furt	her information concerning th	is matter, please o	call:				
Jillian /	A. Schumm	3 at (21	236-2951			
	Name of Person			Area Code & Daytime Telephone Numb			
	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regi Divi: P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the f	ollowing amoun	t:				
	☑ \$25 Filing Fee		□ \$55	5 Filing Fee & Certified Copy			
INHS18	(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	ame of the limited liability company:	_U!	
2. (a)	117 East Copeland Drive, Orlando FL 32806	6 (b) PO	Box 2962, Winter Park FL 32789
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	January 8, 2018 Date of filing/registration in Florida	L1804.	00007000 Document number
5. (a)	Davey T. Jay Esq		
, (u)	Registered Agent and Registered Office shown on the records of 117 East Copeland Drive		of State:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	28
	Orlando FI	L ³²⁸⁰⁶	
(b)	Jillian A. Schumm		550
(-)	Enter name of NEW Registered Agent and/or NEW Registered		
	Jilliansays LLC!	97년 년 5년 월	
	NEW Registered Office Address:		
	117 East Copeland Drive		
	Orlando	L32806	
he cha igent v was/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered lability compar of the limited I c limited liabili	l office and the business office of the registere my, it is hereby confirmed that the change(s) hability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I din writing of his change.	ree to act in the eperformance ed for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed n that the limited liability company has been

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