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(Re	equestor's Name)						
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	JAGUAR M	IOVING		
			Name of Limited	Liability Company
Dear S	Sir or Madam:			
The er	iclosed Registered	Agent/R	egistered Office Change an	nd fee(s) are submitted for filing.
Please	return all correspo	ndence (concerning this matter to th	ne following:
JAME:	S D. ALLEN, ESQ.			
	1	Name of	Person	
LAW	OFFICES OF JAME	S D. ALL	EN, PA	
		Firm/Cor	npany	
50 NO	RTH LAURA STRE	ET, SUIT	TE 2500	
-		Addres	<u> </u>	
JACKS	SONVILLE, FL 322	02 		
	City	State an	d Zip Code	·
JAMES	@JDA-LAW.COM			
E	-mail address: (to	be used	or future annual report not	ification)
For fur	ther information c	oncernin	g this matter, please call:	
JAMES	D. ALLEN, ESQ.		904 at (508-3061
	Name of	Person		Area Code & Daytime Telephone Number
	Mailing Addre			Street Address:
	Registration Se			Registration Section
	Division of Cor	poration	S .	Division of Corporations
	P.O. Box 6327			The Centre of Tallahassee
	Tallahassee, FL	32314	•	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a ch	ck for ti	he following amount:	
	■ \$25 Filing Fee		a :	\$55 Filing Fee & Certified Copy
INHS18	(2/14)			- "
		1		

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.

1. Na	ame of the limited	 iability	company:	MOVING LLC			
2. (a)	5825 LONE PINE	ROAD		((b) 10200 B	BELLE RIVE BOULEVA	RD
• •			s of limited liability compa		···	Mailing address of limited	
	JACKSONVILL	FL 32	216	_	UNIT 44	406	
					JACKSO	ONVILLE, FL 32256	
	02/12/2018				L1800003	8536	
3.	Date of	filing/re	gistration in Florida	4.		Document number	
5. (a)	PELLEGRINO, F	IENRY					·
, ,		Register	ed Office shown on the rec	ords of the Florid	la Dept. of St	tate:	
	Registered Office A	ddress	MUST BE FLORIDA ST	REET ADDRES	(2)		
		1 !	LEVARD, UNIT 4406		<u> </u>		~ > >
	JACKSONVILLI	<u> </u>		, FL ³²²⁵⁶		<u> </u>	, ·
(b)	JAMES D. ALLEN	ESQ.			<u>-</u>		f _
	Enter name of <u>NEW</u>	Register	d Agent and/or NEW Reg	istered Office a	idress:		2 -
	LAW OFFICES (F JAME	S D. ALLEN, PA				5.7 l0: 5
	NEW Registered O	fice Addr	ss:				40
	50 NORTH LAU	A STRE	ET, SUITE 2500				
	JACKSONVILLE		 - -	.FL ³²²⁰²		_	
agent w was/we	vill be identical. (Fre authorized by a	r, in the	case of a Florida limi	of the register ted liability co bers of the lim of the limited l	ed office an ompany, it nited liabili	•	of the registered
Signati	ure of a member or au	therized r	epresentative of a member				
I hereb provision he obli o mere notified	y accept the appo ons of all statutes gations of my pos ly reflect a chang in writing of this	intment relative ition as in the i change	 as registered agent an to the proper and com registered agent as pro segistered office addre			Printed or typed name of pacity. I further agree is duties, and I am familis, F.S. Or, if this docust the limited liability co	to comply with the
Signatur	e of Registered Agen						
		Divisio	n of Corporations• 1 FILI	P.O. Box 6327 NG FEE: \$25		assee, FL 32314	