1180000 80273

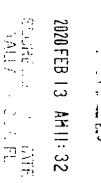
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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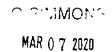
Office Use Only



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COVER LETTER

• (

TO: Registration Section Division of Corporations		
SUBJECT:		
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:		
The same of the sa		
JOHN WEIDLEIN, MGR Name of Person		
JUNOVER, LLC Firm/Company		
340 SOUTH U.S. HWY 1, UNIT 207 Address		
JUPITER FL 33477 City/State and Zip Code		
Exhail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
TOHN WETOLETN at (.540) 687 3134 Name of Person Area Code & Daytime Telephone Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$ S55 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.

(Note: MUST BE STREET ADDRESS) 340 S. U.S. HWY I UNIT 207	- MAY BE POST OFFICE BOX) 2324 BULL RUN MTN, R.
,	
,	
MARCH 29 2018 6 180000	<i>8</i> 02 <i>7</i> 3
MAPCH 29, 2018 Date of filing/registration in Florida 4. Docum	ment number
5. (a) JOHN WEIDLEIN	
5. (a) JOHN WEIDLE/N Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	20
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	20 F
JUPITER, FL 33477	2020 FEB 10
, FL	- 1.i
	MHII: 32
(b)	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	2
NEW Registered Office Address:	_
340 SOUTH U.S. HWY 1 UNIT 20	7
JUPITER ,FL 33477	
If the limited liability company is not organized under the laws of the State of Florida, it change or changes are made, the Florida street address of the registered office and the bagent will be identical. Or, in the case of a Florida limited liability company, it is herebwas/were authorized by an affirmative vote of the members of the limited liability company.	ousiness office of the registered by confirmed that the change(s) pany or as otherwise provided in
Signature/of a member or authorized representative of a member Total WEID Printed	d or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance of my duties, the obligations of my position as registered agent as provided for in Chapter 605, F.S. to merely reflect a change in the registered office address, I hereby confirm that the lim notified in writing of this change. Signature/of Registered Agent	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been

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