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LLC REGISTERED AGENT CHANGE BELLS OF JOY CHILD DEVELOPMENT CENTER LEC

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## 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: BELLS OF JO	Y CHIL	D DEVELOPN	MENT CENTER LLC
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			address of limited liability company:  MAY BE POST OFFICE BOX)
	6271 ST AUGUSTINE RD STE 24-1073			
	JACKSONVILLE, FL 32217	_		
	06/15/2018	l	18000148386	5
	Date of filing/registration in Florida	4.	Docu	ment number
. (a)	LEGALING CORPORATE SERVICES INC.			
(4)	Registered Agent and Registered Office shown on the records of the	he Florida	Pept. of State:	
	5237 SUMMERLIN COMMONS BLVD STE	400		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
				± 16
	FORT MYERS	33007		
	FORT MYERS , FL	00007		10000000000000000000000000000000000000
(b) .	ROCKET LAWYER CORPORATE SERVICES LLC			N 18
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	155 OFFICE PLAZA DRIVE, 1ST FLOOR			
	NEW Registered Office Address:			第 07
		<del></del>	<del></del>	
	TALLAHASSEE ,FL	32301		
e cha gent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia the authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regist bility cor f the limi limited li	ered office and the same of th	he business office of the registered by confirmed that the change(s) pany or as otherwise provided in
	ure of a member or authorized representative of a member			d or typed name of signee
rovisione obli omere otifica	by accept the appointment as registered agent and agree ons of all statules relative to the proper and complete proper and complete proper and complete properties of my position as registered agent as provided by reflect a change in the registered office address, I have the confermance of this change.	ee to act i performa I for in C ereby co	n this capacity. ace of my duties, apter 605, F.S. firm that the lim	I further agree to comply with the and I am familiar with and acce Or, if this document is being filed sited liability company has been

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INHS18 (2/14)

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