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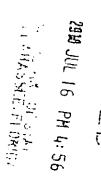
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP	WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies	_ Certificate:	s of Status							
Special Instructions to Filing Officer:									
		<u>.</u>							

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INHS18 (2/14)

TO: Registration Section Division of Corporations									
·									
Janeth 1977, LLC JBJECT: Name of Limited Liability Company									
(40)	the of Elitheed Elability Company								
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.									
Please return all correspondence concerning to	his matter to the following:								
Janeth Turcios									
Name of Person									
Firm/Company									
18004 Palm Breeze Drive									
Address									
Tampa									
City/State and Zip Code									
FL 33647									
E-mail address: (to be used for future an	nnual report notification)								
For further information concerning this matter	r, please call:								
Janeth Turcios	202 374-1500								
Name of Person	Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: MAILING ADDRESS:									
Registration Section Division of Corporations	Registration Section Division of Corporations								
Clifton Building									
2661 Executive Center Circle	2661 Executive Center Circle Tallahassee, Florida 32314								
Tallahassee, Florida 32301									
Enclosed is a check for the following amount:									
☑ \$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.

1.	Na	me of the limited liability company: Janeth 1977, L	.LC							
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 18004 Palm Breeze Drive	- (f		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 18004 Palm Breeze Drive					
		Tampa, FL 33647	_	-	Tampa,	FL 33647				
		06/19/2018		L	.1800015	50391				
3.		Date of filing/registration in Florida	4.	_		Document nun	nber			
5.		UNITED STATES CORPORATION AGENTS	, INC.							
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				- -				
		13302 WINDING OAK COURT								
		Tampa, FL	33647	,		-		28 B J		
(b	b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address:</u>		Office address:		-	THE SEE FLORIDA	2010 JUL 16 PM 4:5		
		18004 Palm Breeze Drive					**	6		
the	cha	Tampa, FL_simited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liab	he regi	e S	ered office	e and the busine	ess office	e of the	e registered	
		ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	imited	lia		npany.	s otherw	ise pro	ovided in	
	UT CO	sure of a member or authorized representative of a member	Jai	_	en ruick	Printed or typed	name of si	unm		
I he pro the to noti	erel visi obli nere ified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had the writing of this change.	ve to ac perform for in ereby c	t i iar Cli cor	in this cap nce of my hapter 602 nfirm that	acity. I further	agree to	comp	ly with the and accept being filed as been	