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Certified Copies	Certificates	or Status		
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COVER LETTER

TO: Registration Section Division of Corporations				
Northeast Florida Business SUBJECT:	Broker, LLC			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Christopher B. Scully				
Name of Person				
Northeast Florida Business Broker, LLC				
Firm/Company				
3627 Paradise Way				
Address				
Jacksonville Beach FL 32250				
City/State and Zip Code				
Chrisbscully@icloud.com				
E-mail address: (to be used for future annual	ual report notification)			
For further information concerning this matter,	please call:			
Chris Scully	904 993-2908			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fec	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State c Florida.

1. N	ame of the limited liability company: Northeast f	Florida Business Br	oker LLC	
2. (a)	3627 Paradise Way	(b) 3627 Paradise Way		
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Jacksonville Beach FL 32250	Jackson	ville Beach FL 32250	
	July 2, 2018	L1800016	60190	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Legal Zoom			
(-)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of State	∷	
	United States Corporation Agents, Inc.	ŕ		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
	13302 Winding Oak Cout, Suite A		•	
	Tampa	_{FL} 33612	SECO TALL	
(b)	Christopher B. Scully		AHAS AHAS	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		SERVE TO THE	
	Chrisotpher B. Scully		HASSEE, FLORIDE 36	
	NEW Registered Office Address:			
	3627 Paradise Way		,	
	Jacksonville Beach	 FI 32250		
ine cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the street of the str	of the registered office liability company, it is s of the limited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signal	ure of a member or anthorized representative of a member		Printed or typed name of signee	
he obl o mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as provided in the registered office address, it is writing of this change.	gree to act in this capa te performance of my a ded for in Chapter 605, I hereby confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signatur	(& Scully			
orgnatu)	e of Registered Agen			